Some Thoughts on Nursing—General and Mental

By A. T. MATHERS, M.D., Director, Psychopathic Hospital, Winnipeg

PREVIOUS to the great war about the only time the laity or general medical and nursing professions gave much attention to mental disease was when some sensational case occurred in the law courts and in which the question of irresponsibility for crime was brought forward. But military experience forced an interest in individual mental problems. Of the hundreds of thousands of men engaged in that titanic struggle, thousands were rendered inefficient—not because of actual tangible wounds or disease, but because of mental disabilities. These, while rarely amounting to anything approaching insanity, were sufficient to cause an alarming loss of man power and hence drew official recognition. "It is most important that the professional conscience thus stimulated should not be allowed to sink back into anything approaching ante-bellum apathy."

Life, from its very beginning, is a constant struggle between the individual and his environment. The baby is a strict individualist who cares nothing for environment except in so far as it increases or decreases his bodily comfort. He early discovers the things needed for comfort and has his own way of making known his wants in this direction—likewise he loudly rebels against things that cause him discomfort. As life proceeds he comes to learn more and more that a certain amount of compromise is necessary, that some of his soul's aspirations must give way before the pressure of circumstances. However, there is by no means a complete submerging of individuality — throughout life the struggle for personal advantage, the will to power, continues as one of the strong motives of life, but it is hedged about and not allowed full expression.

The great problem of life is adjustment—the smooth working of part and part and of the whole machine within its setting. Man is a thing of many parts and is himself part of a still greater whole. Stability is the goal toward which he strives, and adjustment the thing to be attained in order that success in the business of living may be achieved.

All individuals fall into two classes —(1) those who succeed more or less well, (2) those who fail more or less badly—the class into which any one person falls depending on just how well he meets his great problem of adaptation. The degree of his success or failure will depend on (1) his constitution or hereditary equipment, (2) the conditioning or modification of these by the forces in his environment.

Nurses and physicians in their daily work deal entirely with maladjustments. In general medicine or nursing the maladaptation is nearly always in the physical field and consists primarily in a breakdown of some one organ. That such a breakdown in one part of the machine must necessarily occasion disturbance of some degree throughout the whole mechanism, will readily be granted if one stops to think about it.

One of the greatest curses of Medicine and Nursing today is the habit of looking at and treating patients as, a diseased heart, an infected gall bladder, a fractured humerus—as the case may be. We habitually treat patients as diseases with an individual tagged on, instead of human beings with a disease added. It is difficult to understand how we have got into this way of viewing our patients, but no doubt excessive specialization in Medicine is, at least, partly responsible. The specialist sees his patient through his own particular microscope and is much too likely to forget about or minimize other things, the echoes, as it were, of the primary complaint. Nursing, travelling as it does hand-in-hand with Medicine, is very likely to view things in much the same way. Attention is too often centred on one organ or system. Sometimes attention is paid to the way in which organs are linked together by the central nervous system or by the powerful substances emanating from the glands of internal secretion. For example, in exopthalmic goitre, attention at first directed to the goitre is now directed to a greater extent to distant but related parts of the body, such as heart or gastro-intestinal tract—but here, too often, the vision comes to an end. The patient is seldom viewed as a whole. Scrutiny of that intangible but all-important thing, personality, is rarely thought of or attempted. How is this patient viewing his illness? How much distress of mind is he suffering from it? How great a factor is fear in his particular case? What domestic and economic difficulties may have contributed to the breakdown and will again destroy good work done if unrecognized and uncorrected? These are questions that should be asked in most cases, and not only asked, but answered. The answer is of as great importance to the nurse as to the physician, perhaps even greater since she, in her closer, more prolonged contacts with the patient, sees much the physician has no opportunity of seeing and has many opportunities to practise important, even if informal, psychotherapy. There never was an illness or injury of the physical body that did not have echoes and reverberations in the mental life. To remember this, and be guided by it, is of vast importance to patient, nurse and physician.

Each individual meets the difficulties of his life in his own particular way. Some with cheerful optimism, some with savage irritability, some with overwhelming fear and some with blank despair. We, who have recognized the powerful effects of emotion in our own lives, and know how worry upsets digestion, how fear causes disturbed heart action, ought to remember these things and watch for and remedy them in our patients.

The worst of it is there is no rule of thumb to guide us in all cases. We must individualize each patient since with each one the factors causing distress and the physical and mental reactions are different. We cannot be satisfied either as physicians or nurses in asking in any given case—"What is happening to this man's heart, lungs, kidneys, etc.?"—we must ask—"What is this individual trying to do?" Has he actual physical pathology that will account for all his complaints? Has he no physical pathology at all or has he some physical pathology nestling in the midst of a large cloud of abnormal mental reactions?—meaning by this, fear, despair, misapprehension due to incomplete understanding. We cannot pretend to be adequately fulfilling our function unless we categorize our attitude to patients in just this way.

It is all very well for the nurse to know the cultural characteristics of

the typhoid bacillus; to be able to picture to herself its ravages in the intestinal canal, etc.; to be able to properly arrange a Schafer-Coleman diet or apply turpentine stupes. This is scientific and commendable, but it is not enough. Nursing, as well as Medicine, includes more than that. We have simply got to know what else is going on in our patients' life. We must know how he personally is viewing the careening of his frail vessel as it is tossed about on a sea, that is to him, dark, chartless and o'erhung with clouds of foreboding. In other words, we must know something of his personality and how it is standing the stresses and strains to which it is subjected.

And, not only must we know his personality, we must know our own. We must know about our stores of kindness, sympathy and tact and how to tap them. There is, I am sure, no single factor that speaks louder for success or failure in Medicine or Nursing than the possession or lack of "that which inspires faith in a sick man, who as he lies a crumpled wreck, longs for the kindling spark of happiness, the ray of hope to light his darkness." "A cheerful heart doeth good like a medicine." Do we all know of and apply the gentleness, the kindness, that sympathetic and patient attention that does so much to "cleanse the stuffed bosom of the perilous stuff that weighs upon the heart?"

I have said that there is no rule of thumb to guide us in our attitude toward patients. Each patient is different and needs must have a rule of his own. How then are we to know what our attitude should be? We can only be guided by obtaining some general knowledge of how mind and body work. This can only be attained through becoming acquainted with Psychology. The name sounds bad and in other days the appalling dryness of the subject was enough to turn anyone away from it for life. This was because it really never had become closely associated to the actual everyday facts of life and had become static as it were. Nowadays such a charge no longer can be laid. Psychology has become a living, moving thing, in the study of which we may take interest and even delight in much the same way as a child viewing itself in a mirror. It can be taught so that one is not conscious of great difficulty, and so that a real understanding of the workings of mind can be obtained. And since Mind is simply the sum total of our facilities for effecting adjustments to Life's problems, the importance of its study by people solely interested in bad adjustment surely needs no further emphasis. Nurse, as well as physician, should then have a real knowledge of the basic facts of mental life. These should be taught. To know something of those powerful primitive forces called "Instincts," those unconscious gratifications of Instinct called "Habits." the development of intelligence, the tremendous directing and carrying force of emotion or feeling, the importance of past experience in guiding our lives, will make the nurse not only more scientifically efficient and humane—it will add to her culture and will throw new light on previously poorly understood human attributes. Above all, it will make her tolerant—and tolerance is one thing of which the world at this moment stands sadly in need. There can be, I think, no question of the need for teaching the fundamentals of Psychology to nurses.

So far, in mentioning Psychology, I have meant normal psychology—the activity of normal or average minds. It treats of the phenomena of mental life without reference to deviations. It presents to us a series of descriptions and explanations of what we might call typical or average happenings. We, who have studied text book descriptions of dis-

ease, know that while these help us in gaining an initial understanding of the disease in question, in later days when we come into contact with the actual maladies, they seldom run true to the form given in our texts.

Secondly, the demand of **mentally sick humanity**. For many, many years those afflicted with mental disease were housed in great barrack-like institutions where the charitable minimum of food and shelter was about all they received and from whence they issued more perhaps by the grace of God than anything else. With increasing knowledge of mental disease and serious increase in the actual amount of it, the public have demanded something better in the way of care. We know, and the public through us know a great deal about the causes of mental disease, and that proper medical and nursing care ensure a larger hope of recovery. There is no doubt whatever that the actual number of patients with mental troubles to be cared for is increasing everywhere. It is Miss Nutting who says, "This fact alone makes an undeniable appeal to nurses which through them should eventually react back upon our schools of nursing, for, if these schools are to meet the needs of the times they must carefully study the expanding field in which nursing knowledge is to be applied, enlarging their curricula and adjusting their methods of instruction to include new conditions of disease or better understanding of old ones. The recognition of insanity as a disease seems, therefore, to have brought a new obligation to training schools."

What is the public service that the nurse with added knowledge of mental life and mental disease may perform? It is perhaps the most important of all. I have already remarked that there is a growing interest in prevention on the part of the public and that medical thought and action are more than ever trained in that direction. The knowledge gained must be given to those desiring it and to those who need it. The only way is by education. It is a duty of both physicians and nurses to see to it that knowledge available and usable by the ordinary man or woman is placed in their hands. Such dissemination should be carried on through all available channels and no one would doubt that nurses and particularly public health and school nurses are among the most valuable agencies by which needed information and instruction can be placed before the public in a simple, direct way. "Nurses enter homes freely, are welcome visitors and often penetrate deeply into the problems of home and family life." "Armed with more definite and wider knowledge of the causes of mental disease and given some specific training in the observation and care of patients with mental disorders, they could take advantage—such as they are not now able to take, of the opportunities which actually lie in their daily paths. It seems probable that a good many unrecognized and neglected patients might be found and placed under proper care, and it seems certain that the influences and environment of children in their homes which are likely to culminate later in producing mental troubles might be recognized, and in some degree changed. From this standpoint alone the teaching by nurses of the vast and far-reaching importance of childish habits may be among the most fruitful of their daily tasks. Nor should we exclude from this obligation the vast army of private nurses, who, going from household to household, may find exceptionally valuable opportunities for presenting in the plainest and simplest way, some of the important facts relating to the production and prevention of mental disease—the chance for prevention which exists, according to Starr, in about 35 per cent. of all cases."—(Nutting.)

In other words, we meet all manner of variations. Then in our daily coming and going we meet and have dealings with many people, none of whose mental processes accurately follow along the lines laid down in text books on Psychology. Here again we see variations and realize that the text book gave us a basic picture only. These variations in people's lives, we may speak of as "personality traits," and they range all the way from slight little individual differences that help us in identifying people and happily relieve what would otherwise be a soul-sickening monotony, to gross differences that lead us frankly to grant that their possessors are very abnormal and must be classified as insane, feeble-minded, etc. What I want you to see is that there is no sharp delimitation between the normal or average mind and the abnormal or diseased mind—simply gradation. The nurse is going to be brought very closely into the lives of her patients and it seems essential that not only should she know something of normal mental life, but also something of abnormal mental life. Sooner or later she is going to meet in with a real example of the latter. Here again, knowledge of abnormal psychology will not only add to her efficiency, it will increase her interest in her patient and broaden her outlook. As a citizen of the world she will see behaviour, either private or public, that will at once suggest abnormality in the participants. She will recognize the results of emotion run wild, of massive knowledge coupled with puny wisdom, or poor judgment, etc. In these days of rampant democracy, when more than ever the ancient fallacy of equality among men is used as a shelter for the inefficient, the selfish, the inadequate, she will see many examples of the activity of abnormal personalities in all walks of life, in some, unfortunately, where the tragic effects are not confined to the perpetrators themselves, but afflict others with better balanced lives. Time and again the nurse will come face to face with serious mental disorder, either as such, or as a complication of some diseases she is called upon to care for. I do not see any way by which she can ensure that she will not. From some knowledge of normal and abnormal psychology, she ought then to pass logically to a short consideration of the commoner groups of abnormal mental symptoms that have earned for themselves definite names. I may tell you that there are some twenty or twenty-five such groups. That she should become acquainted with all is, of course, unnecessary and would be a wasteful addition to her already heavy curriculum, but of the more important, she certainly should have knowledge. You have good reason and right to ask why. The obligation, we may say, rests upon three bases: (1) the nurse herself, (2) mentally sick humanity, (3) the great public now asking more than ever before for advice and direction as to prevention. It is a truism that while the last century has seen great effort directed toward the understanding and treatment of disease, the primary work of the next century will be Prevention or Prophylaxis.

Let us look carefully at the claims of each of these groups:

First of all the **nurse herself**. Perhaps we have already said enough about the advantages to the nurse of her knowing something of normal mental life, of abnormal mental life and actual mental disease. It is after all only a matter of her personal advantage—her work will be better—not only more scientific, but more humane, and her knowledge of life generally will be enlightened and made more useful to her. She will meet the emergencies of her practice not with agitation and diminished confidence, but with the calm assurance that comes from knowledge and ensures better work.

Perhaps I have made a case for some training of nurses in the facts of normal and abnormal mental life.

The machinery for carrying it out is the next consideration, and here we find ourselves faced with difficulties. Where will the training be obtained? Two agencies suggest themselves: (1) Psychopathic Hospitals in connection with General Hospitals having Training Schools; (2)utilization to a greater extent of the vast materials and opportunities presented in provincial Mental Hospitals.

At present only one General Hospital in Canada has affiliation with a Psychopathic Hospital. The student nurses from the Winnipeg General Hospital come to the Manitoba Psychopathic Hospital for a minimum of two months. Here they obtain, first hand, training in the observation and care of mental cases. A selected number, limited by rather small facilities, are given a third month during which they work in the Occupational Therapy and Social Service Departments. not with the idea that they may pick up much in the way of technique, but in order that they may gain some insight into the wonderful therapeutic value of controlled occupation and also some knowledge of the social background upon which mental disorder arises. I would summarize our experience by saying:

(1) Nearly all nurses are interested in and enjoy the training. A few prove unsuitable, but this is to be expected. Many openly state their interest and even ask for further opportunities.

(2) Our patients are direct gainers by reason of this interest.

(3) Private duty nurses able and willing to care for mental patients, once absolutely unobtainable, are now available.

(4) There has appeared in Manitoba a group of nurses trained in mental disease and acting as enlighteners of the public.

Doubtless other Psychopathic Hospitals will appear. The new one in Toronto opened in February, and will likely provide training facilities for students from one or more training schools for nurses in Toronto.

I am sure more advantage might be taken of the provincial Mental Hospitals. I am aware that most nurses have a deep-rooted objection to these institutions, which might have been justified once, but I am sure is so no longer. In any case, granting that there might be grounds for looking down on the work of these hospitals, could there be any better way of raising the standard of care than by establishing training schools for nurses and providing affiliations with General Hospital Training Schools.

This has been a long paper. I hope it has not wearied you more than most papers do. I have tried to give you my thoughts on the question of the importance to the nurse of knowledge of and training in mental life, normal and abnormal.

I leave the matter in your hands, knowing that from you it will gain just and kindly care. I might make bold to put forward a suggestion that in your desire to be scientifically efficient, you do not forget to be whole heartedly human—that while you practice your profession, you will turn your thoughts and aspirations to Life, seeking to unravel and adjust your own problems and motives that you may better help others to unravel and adjust theirs—that while you study the Science of nursing, you will not forget the Art of nursing. There is in it an intensely human factor that microscopes, test tubes, etc., can never touch. Medicine and Nursing must pay attention to this—must regain that most blessed attribute of Medical and Nursing Art—a keen understanding of the whole individual patient.

As servants and advisors of the public it is our duty to study carefully all the facts of both individual and disease and to base our opinion and aid on these facts, unbiased by habit training or the conservation of tradition. Herein lies Art.

It is Conrad who said, "All art is long and life is short, and ultimate complete success seems very far off. And thus doubtful of our strength to travel so far, we talk a little about the aim of all art, which like Life itself is inspiring, difficult and often obscured by mists. It is not in the clear logic of a triumphant conclusion, it is not alone in the unveiling of one of those heartless secrets which are called Laws of Nature. It is not less great—but only more difficult."

(Read at the Annual Convention, Saskatchewan Registered Nurses' Association, Moose Jaw, April 16, 1925.)

What Do Growing Children Need?

Every child has the right to be well born, well nourished and well cared for.

Child-welfare experts agree that the essentials for the child's best growth and development are: a well-kept home; wholesome food and adequate clothing; training in good personal habits for future health; play with the right sort of playmates; the opportunity for education and the kind of work which will best prepare the child for successful living.

The child's home should be clean and attractive. There should be plenty of fresh air and sunshine, summer and winter. Each child should have, if possible, a separate bed. Good sanitary arrangements and a pure, abundant water supply are essential.

The child's food should be clean, simple, appetizing, and well cooked, with at least a pint of milk, some form of fat (preferably butter), cereal and bread, vegetables both starchy and green, fruit, and eggs, meat or fish, included in the daily diet. Regular hours for meals, with dinner at noon for children under 7 years of age, are best for growing boys and girls.

Children need clean, whole garments and enough of them to afford a change of underclothes and night clothes at least once a week. Warm underwear and stockings, a heavy coat, cap, and mittens are necessary for cold weather. Feet should be well protected against rain or snow.

Children need to be taught the essentials of personal hygiene. A daily bath, the washing of hands and faces before each meal and at bedtime, the brushing of teeth at least twice a day, are the routine of personal cleanliness. Health also demands a regular bed hour with ten hours of sleep at night with open windows.

Play and companionship are as necessary for a happy childhood as shelter and food. Children need safe, clean, roomy places for outdoor and indoor play, with constructive and suitable playthings and tools. Wise parents will make friends with the friends of their children, helping them to choose the right sort of playmates.

Every child should have schooling for at least nine months a year from the time he is seven until he is 16 years old. Not more than two hours of "chores" outside of school hours should be required of a child and vacation work, if any, should not deprive the child of ample time for rest and recreation.

— Editorial —

It is distinctly interesting to observe in the various educational publications of Canada and the United States the increasing attention given to health as a school subject. That we need to be taught how to be well quite as thoroughly as we are taught how to read and write, is now recognized by the vast majority of leaders in education. Even in this day of the great cry of the over-burdened school curriculum, no one has yet suggested that health be one of the subjects to be eliminated. On the contrary, it is being demanded as an essential. The American National Education Association's Commission on the reorganizing of secondary education, in outlining a list of seven objectives as a basis of curricula study, places health first in the list. Not only is the teaching of health being made a live subject, but more and more attention is being given to the school plant and the school schedule in order that the child's health may not only be improved but may also be protected. With Normal schools recognizing the importance of sending out teachers equipped for health teaching and with teachers themselves displaying a keen interest in and enthusiasm for the work, one feels somewhat optimistic concerning the future physical well-being and the health practice of the children who are today filling our public schools.

Physiology and Hygiene as text book subjects have been school subjects for many years, but the study of health as a vital thing, a real part of the everyday life of the child, something which he gains or loses by his own efforts and the joy of which he alone can realize, has come to us only within the last few years. To what shall we ascribe this sudden awakening on the part of those interested in the preparation of the school curriculum? To a great extent, no doubt, to the wave of interest in health matters which followed the years of 1914 to 1918, a wave of interest which was felt all over the world. But surely the work of the public health nurse has been in no small measure responsible. Through her work in various communities, rural and urban, when real health problems of all types were brought to light, through her work with pre-school and school children, and through her serious endeavor to find a solution for the problems, there has been developed in the public an appreciation of the fact that "there can be no permanent gain in the health of a community until the essential laws of health are known and followed by all the people." Naturally, then, they are confronted with the task of educating the public in health matters.

But does all the responsibility of pointing the way to health rest entirely with the teacher in the school, and with the public health nurse? Are we as a nursing profession not faced with an equally great responsibility and with an equally great, perhaps greater, opportunity? One is tempted to wonder whether we do not leave the matter with rather complacent satisfaction to the public health nurse. It is a recognized part of her work—this spreading the gospel of prevention, this health education, and too often we are content to leave it with her. We are inclined to interpret too narrowly the term "health education," thinking of it as something complicated, something connected with actual class instruc-

tion, something concerning schools, instead of really the very vital part of the service of the nurse. "To cure is the voice of the past; to prevent is the divine whisper of today." Surely no nurse conscious that she has the knowledge needed by others in their search for complete living, can think of her work only in terms of caring for the sick to the exclusion of the necessary instruction as to prevention and feel that her task is complete.

The student nurse in close touch with her patients may get her first experience in health teaching. Her scrupulous regard for cleanliness, her thought for the open window, the comfort she gives to insure rest —what valuable lessons she teaches by what she does. A few words, timely spoken, might impress the point so that it would never be forgotten. Perhaps, too, the student nurse is herself feeling for the first time the health value of a properly regulated schedule. If she is, her enthusiasm will be reflected in her real desire to teach.

But the nurse who may be, and indeed frequently is, the greatest of health teachers, is the private duty nurse. Hers is such close contact and usually for a period of time, not only with the patient but what is much more important, with the family as well. She demonstrates, of course, in her care of the patient and in the care of her own health, but she has also boundless opportunity to actually point out, it may be to the mother, it may be to the older children, all the essentials of healthy living, the principles of nutrition, the simple but important points which govern the control of communicable disease. She is an authority in the household—her influence is great. Not even the public health nurse has a greater opportunity for real service in this regard. The public is eager to know; the nurse has the knowledge and may, if she will, with very little effort help many toward the way of "health essentials."

If our slogan were "Every nurse a health teacher" what might we, ten thousand strong in our own country, accomplish within the next few years? Surely it is a part of our privilege and duty to work in this way toward "A permanent gain in the health of the community."

First Congress of Nurses of Middle and East Europe

The oft-repeated phrase, "There are no frontiers in nursing" we have heard so many times that it has almost passed into the region of jargon. Nevertheless, the truth of this statement came home to more than one Anglo-Saxon nurse with a force which had never been realized before at the Nurses' Conference, held in Vienna during the week of May 11th.

At this conference there were nurses from Austria, Hungary, Germany, Czecho Slovakia, Poland, Bulgaria, Greece, Roumania and Jugo-Slavia and nurses from England, Belgium, Finland, the United States and Canada were welcomed as guests.

The thing that impressed the onlooker most keenly was the fact that the solidarity of our common profession was able to transcend the feeling caused by the late war. This is more remarkable among the representatives of recent enemy countries adjoining each other, than among those separated by the Atlantic Ocean. Complete harmony reigned in the meetings except at one juncture where an Austrian doctor criticized a statement made by a German nurse. It did one's heart good to see all the nurses rally to her support.

It was a large conference too. Three hundred and twenty nurses

registered and many more attended the meetings. It is quite impossible for Canadian nurses to realize what sacrifices were involved in order to attend it, as the nurses from most of the countries represented are paid on an almost incredibly low scale. All the same, they were all well groomed, even if some blue serge suits had done duty for seven years. There were many ladies of aristocratic birth, yet one group subsisted on two meals a day during the entire conference. Possibly it was because of the sacrifice involved that the tone of the meetings was one of inspiration from beginning to end.

The programme was so arranged that subjects of interest to both hospital nurses and public health workers were intermingled. In some of these European countries public health work is done by people who are not nurses and is carried an as a part of general social service work. Therefore, the bringing together of the hospital nurse and health visitor in one congress proved to be mutually helpful. It was said of the generalized health worker who does social work that her position requires her to be "three-fourths of a doctor, half of a teacher, half of a jurist, and a whole mother."

The problems discussed sounded strangely familiar: "How should theory and practice be correlated?" "The needs and opportunities for post-graduate work;" "Should bedside care be included in Public Health Nursing?" "How can hospitals be induced to have Social Service Departments?"

The meetings were held in the Hofburg, formerly the State Palace of the proud Hapsburgs. The dignity of the setting was most fitting. The poise and charm and keen intelligence of most of the members made one proud to belong to the same profession. There was also no dearth of nimble wit and the difficulty was in closing a discussion rather than in starting one. Throughout there was a spirit of fair play.

A unanimous request was sent by the conference to the Nursing Division of the League to arrange a similar meeting two years from now.

Miss Livingston

Pioneer in Canadian Nursing and Founder of the Montreal General Hospital Training School for Nurses

By E. FRANCES UPTON, Reg.N.

(Concluded)

Extracts from Reports

The following extracts from reports of Governors' meetings and newspapers will convey better than any words of mine the steady progress made in the early organization of the Training School.

"The School was organized for work on April 1st, 1890, and a formal public opening, at which the Governor-General and Lady Stanley consented to be present, took place on December 11th following. There were thirty-eight pupils during the year; weekly lectures were given by the members of the Medical Board and the Resident Staff, besides daily instruction by the Lady Superintendent. The working of the School has been eminently satisfactory, and the nursing in the hospital has been brought up to a high standard."

The Governors' report for 1891 reads as follows:

"Since the day of its foundation, the old Montreal General Hospital has never been in such an efficient condition. Within the last twelve months changes have occurred here and there which give the impression that the venerable institution has aroused from its Rip Van Winkle condition and wishes to show that it has merely been drowsy and is not yet moribund. The Outdoor Department has been greatly enlarged and extended. The nurses' old quarters on St. Dominique Street have been converted into rooms for the use of specialists and others.

"In the wards great changes are observable; they are cleaner, brighter and have a more business-like appearance than they ever had before.

"The nurses appeared in the new Montreal General Hospital uniform for the first time on Sunday. June 22nd; a composition of pink and white gown, with a neat cap and badge, all esthetic and antiseptic. The house staff are turned out in white patrol jackets, and everything is as bright and clean as on a man-of-war."

The report of the medical superintendent stated that "apart from the opening of the Training School for Nurses by the Governor-General and Lady Stanley, the only other important event in the history of the hospital has been the trial of what might revolutionize the treatment of tubercular disease, the lymph manufactured by Dr. Koch of Berlin.

"The Training School for Nurses under the management of Miss Livingston has been in satisfactory operation throughout the year. The average number in attendance has been between forty-five and forty-eight, which represents the full capacity of the accommodation. A public meeting was held in April at which eleven nurses received diplomas. The graduates of the School are continually sought for and find constant employment in the community, amongst whom they are becoming quite a feature.

"The Training School for Nurses has continued throughout the year, as the following figures will show: Three hundred applications for information have been received; forty-five probationers have been admitted, thirty-six of whom continued in training; and twenty-three nurses have graduated during the year."

It must have been very gratifying, and is worthy of note, that in the second year of the history of the Training School the number of applicants registered three hundred.

The Diet Kitchen

The first Diet Kitchen was opened in 1896. Mr. Wolferstan Thomas had a dietitian brought out from England to give lessons to the nurses, who demonstrated while the nurses sat by. This scheme proved to be very unsatisfactory, and many were the complaints against the food. One patient for whom a doctor had ordered "a little slice of turkey, and a glass of champagne" was served the leg of a goose, and champagne in a toothbrush mug. Miss Livingston asked the Committee if they would allow her to have a special kitchen where food for private patients could be prepared. They would not hear of it for a time, but eventually granted permission to make a trial. Miss Gracie Livingston, who had received her education in France, was appointed Dietitian in the Autumn of 1897, and retired with her sister, leaving the dietary department which she had created a leading feature in the successful administration of the hospital. The staff at the time of her retirement in 1920 consisted of eight student nurses, who were receiving excellent instruction in nutrition, cookery, and household science.

The Nurses' Quarters

Through Miss Livingston's efforts, funds were raised and the Jubilee Nurses' Home built, after having approached her ever-helpful friend, Mr. Wolferstan Thomas, and placing before him the necessity for proper housing accommodation for her School. The nurses were at this time living on St. Dominique Street, near the hospital, in a most undesirable old house. Mr. Thomas gave a dinner party at which he announced his intention of raising enough money to build the home requested by Miss Livingston. Lord Lister, who was in Canada at the time, attending the meeting of the British Medical Association, kindly consented to lay the corner stone, which was done with great éclat in 1897: the Jubilee year of Queen Victoria, from which fact the home received its name.

Granting of Certificates and Medals

Certificates and medals were granted to those students remaining after Miss Livingston's arrival at the end of one year's training. This was necessary as the hospital would otherwise have been left filled with patients and no nurses. During her second year the training was raised to a term of two years, except for pupils under twenty-five years of age —who were required to remain three years; the complete three-year diploma being issued in 1894. For many years the nurses were required to pay for their gold medals after earning them, until the late Mr. James Crathern undertook to pay for them personally during his term of office as President. Since that time they have been provided by the Committee of Management.

Miss Livingston's Achievements

Miss Livingston's tremendous work was done at home. She did not attend conventions, but sent her representative, remaining personally at the helm of things. She was a great reader always. By her splendid physical and mental poise, her breadth of intellect, sterling character and attractive personality, we can readily understand her eminence as a leader. She was an expert in her own beloved art.

Those nurses who have lived through any or all the three decades during which she was actively engaged in pioneer and educational work—"praise her." Those whose good fortune it has been to have trained under her—"praise her." Those who now train in the School she founded, yet have not known her —"praise her." Canada can well be proud of her because did she not help in its up-building? The nursing world internationally owes her a debt of gratitude which cannot in any better way be paid than by following in her lead. The manner in which this righteous and noble woman "stood to her guns" and held her head high under extreme opposition and force of adverse circumstances, has, in a measure, made possible the advantages of to-day's modern Training School.

Miss Livingston raised one great Canadian hospital out of degradation and misery to a height that Canadians can well be proud of, and during her career equipped six hundred and thirty-seven graduates with the tools with which to work, so that they might go into all corners of the earth and by their work preach her gospel of good fellowship among the sick. To her belongs the credit of the "first preliminary class" in Canada, achieved in 1906, the "first probationers' uniform" in America, and the first "three-year course" in America. She fought for, and secured, the "first instructor" for Nursing Schools in Canada. This met with so much opposition from the Board that it would have been utterly impos-

sible had not one member undertaken to finance the enterprise for a time. The School has been registered in New York state for twenty-two years. Miss Livingston's vision took her beyond to-morrow; she could see years ahead. In 1908 the nurses in Quebec Province were persuaded by her efforts to defer the presentation of a Bill for the registration of nurses, which was unworthy of them, before the province was ready for one at all.

At her suggestion in 1908 a fund was started by Mr. Sherringham Shepherd, who donated $5,000 for the purpose of supplying convalescent care to student nurses recovering from illness. This fund has steadily grown and has proved to be of inestimable value to many who would otherwise have lost such valuable care. The fund is "in trust" and is called "The Sherringham Shepherd Fund." In 1920 it was raised to $10,000 by further donations from the original benefactor.

The following figures will give an idea of the growth of work during Miss Livingston's administration of the hospital:

Year	No. of Patients treated		Staff	
	Indoor	Outdoor	Graduate Nurses	Student Nurses
1890	2329	23.898	3	38
1919	5798	88,288	18	128

Assistants to Miss Livingston during her career were: Miss Quaife, graduate of New York Hospital, deceased; Miss Collyer, graduate of New York Hospital, married; Miss Davis, graduate Addenbrook's Hospital, Cambridge, England, deceased; Miss Hall, graduate Montreal General Hospital, deceased; Miss McLean, graduate Montreal General Hospital, now St. John, N.B.; Miss F. M. Shaw, graduate Montreal General Hospital and Diploma Teachers' College, Columbia University, New York (The first instructor preliminary course Nurses' Training Schools in Canada), now Director School for Graduate Nurses, McGill University, Montreal; Miss S. E. Young, R.N., R.R.C., graduate the Montreal General Hospital, now Matron and Director Training School, Montreal General Hospital; Miss F. E. Strumm, R.N., graduate the Montreal General Hospital, now Assistant Matron, Montreal General Hospital.

In 1902 Miss Livingston was offered the position of Superintendent of the School from which she had graduated. She visited the New York hospital, but decided that her place was in Montreal, where she had commenced and not yet completed a noble career, and declined the offer.

Nurses of Canada, let us pray for the good health of this, one of our beloved leaders, who has done so much for each and every one of us, by her own good example and self-sacrifice. May the eventide of her well-spent life be comfortable and happy, and may she be spared to continue to watch the workings of our modern nursing world from her charming apartment, in company with her devoted sister, who has been such a tower of strength and support to her during her days of activities and of ill health.

"To Miss Livingston is due, not only the efficiency of the nursing department of the Montreal General Hospital, but the high tone and standard of nursing to-day in many parts of Canada." (History of Nursing: Nutting & Dock. Vol. IV.)

"To you, from failing hands, we throw
The Torch; be yours to hold it high."

(Extracts from an article written for the Montreal General Hospital Alumnae Association.)

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss AMELIA CAHILL, 723 Bloor Street, Toronto

Preparation of a Patient for an Abdominal Operation and the After Treatment of Abdominal Surgery

By ANDREW S. MOORHEAD, M.B., F. R.C.S., Eng.

1. Preparation of the Patient:

To prepare the alimentary tract for the patient to be given an anaesthetic. The diet should be a light supper and no breakfast except a cup of tea or coffee. The night the patient is admitted, give him an ounce of caster oil. He should be admitted to the hospital two days before the operation. Give him an enema three hours before the operation.

To Prepare the Abdomen:

The night before the operation shave the whole front of the abdomen and wash thoroughly with hot water and green soap, using a gauze sponge for rubbing in preferance to a nail brush.

Swab the area with ether to remove all the fat particles and follow this by alcohol, then paint the same area with picric acid two and one-half per cent. After this has dried, cover the area with a sterile towel which is held in place by an abdominal binder.

If the patient is an adult (male) give him a quarter grain of morphine, and one one-hundred and fiftieth of a grain of atropine; if the patient is female give her one-sixth of a grain of morphine and one one-hundred and fiftieth of a grain of atropine, three-quarters of an hour before the commencement of the anaesthetic. It has been found that this prevents nervousness, the patient takes less anaesthetic, it prevents mucus collecting in the air passages and it also reduces the vomiting after operation.

2 The Treatment During and After Abdominal Operations:

During the operation the room should be about 80 to 82 degrees Fahrenheit and the patient must be kept covered except that area which is needed for the operation. If there is any sign of shock the patient should be given normal saline interstitially. While the patient is in the operating room the gatch-bed should be prepared, especially being well warmed with hot water bags, which should be removed before the patient is put into the bed. A nurse should be placed in charge of the patient and not allowed to leave his side until the patient is conscious and she should have ready on the table at the head of the bed such necessaries as tongue forceps, a long pair of forceps and some mouth wipes. Any mucus that collects in the pharynx should be wiped out to prevent the inhaling of this material down the air passages. As soon as the patient is conscious the gatch-bed should be raised one notch as this has three distinct advantages; first, the patient breathes more easily; secondly, it relaxes the abdominal muscles and relieves the pain from the wound; thirdly, if there is any pus in the abdomen it will drain down toward the pelvis and most likely this will be the position of the drainage tubes.

The patient should be given enough morphine to relieve the pain and produce several hours of sleep daily for the first three days. The diet for a few days should consist of

fluids. If the patient is vomiting and unable to retain the fluids, he should be given interstitial salines either alone or combined with two and one-half per cent. glucose. The bowels should be moved the day following the operation by an enema, and the same night a purgative administered, preferably one ounce of caster oil.

3. Some of the Commoner Complications Following Abdominal Operations, and their Treatment.

(a) Shock.

(b) Acute Dilatation of the Stomach.

(c) Paresis.

(a) **Shock** is recognized by falling temperature, increasing pulse rate, decrease in the blood pressure combined with rapid respiration and cold clammy skin.

Prevention: To prevent shock, keep the patient warm during the operation. Handle the intestines as little as possible and see that the operation consumes as little time as possible.

Treatment: Elevate the foot of the bed, and raise the temperature of the patient by applying heat in the form of hot water bags, etc. Increase the blood pressure by giving interstitial salines and keep the patient as quiet as possible by the administration of small doses of morphine.

(b) **Acute Dilatation of the Stomach:** There are a great many theories put forward as to the cause of acute dilatation of the stomach, but none of them have been absolutely proven to be the only cause.

Treatment: The moment you recognize that the patient has acute dilatation of the stomach, pass a stomach tube and wash the stomach out at least four times in twenty-four hours. Place the patient in a prone position. Administer enemata and follow each enema by one c.c. of pituitary extract and one one-hundred and fiftieth of a grain of eserin.

(c) **Paresis:** Paresis of the small and large intestines causes distension of the abdomen which is readily recognized by a surgeon.

Treatment: Apply heat to the abdomen either by electric pad or by linseed poultices. Give an enema every four hours followed by 1 c.c. of pituitary extract. Also, at the same time administer some form of laxative by the mouth. If the patient has paresis accompanied by vomiting, it is a very good plan to wash the stomach out and at the end of the lavage leave an ounce of caster oil or two ounces of magnesium sulphate in the stomach. If the patient keeps vomiting these laxatives, one-quarter of a grain dose of elaterium will be of great value because it is absorbed very readily, often before the patient has time to vomit it.

Preparation of Patient for X-Rays

By DR. R. REID, Radiologist, St. Joseph's Hospital, Toronto

Examination of Gastro-Intestinal Tract.

The preparation a patient receives for the examination of the stomach and intestines is most important.

The examination by means of the Gastric Series commonly means an examination by use of a motor meal. That is, a meal or drink with a substance opaque to the X-Ray mixed with it. Barium Sulphate is the substance commonly given—4 ozs. to two glasses of buttermilk, or malted milk, cocoa or even water.

No preparation for this examination is necessary except that the patient comes fasting, no meal or liquids being given for at least eight hours before the examination. Clothing with buttons should be removed and a kimona or sheet thrown over the shoulders. The next examination is usually made in six hours. The patient having no food or drink

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Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
MISS EDITH RAYSIDE, General Hospital, Hamilton, Ont.

Staff Conferences from the Point of View of a Graduate in Charge of a Ward

By GERTRUDE JACKSON, Reg.N.

One chief value of staff conferences is, I think, the solving of problems which are common to all departments. Members of the nursing staff are often more or less reticent about bringing their difficulties to the meetings and discussing them before a group of people; but we should realize that in all probability other departments are having the very same difficulties and that by open discussion a number, and in many cases the majority of those present are benefitted. Also, as each one probably looks at the problem from a slightly different angle, by free discussion an all-round view of the subject is obtained at the time, and the discussion is made easier and fairer to all than if each one discusses the same problem individually with one's superintendent.

Another advantage is that we are better able to maintain uniformity in method of teaching and practical procedure, which is recognized as of primary importance in the training of nurses. Of course the practical procedures are taught first of all in the class-room but we often find that the student nurses are apt to forget the details, especially if they have not had the opportunity of carrying out the procedures shortly after having them in the class-room, or they may insist that they have been taught quite differently. At the meetings attended by instructors and ward graduates, an opportunity is given for correcting or preventing such mistakes.

When our conferences were first held we found in many cases quite a difference in the various departments in the methods of carrying out the same procedures, which tended, of course, to confuse the nurse as she was moved from one department to another. The result of frequent discussions on these points led to a copy of the details of each procedure being placed in the wards for reference. We found this of very great benefit in checking the nurses, and of assistance to ourselves.

Materials used and methods employed change from time to time, and by discussing proposed changes first at the conferences undeserved correction of nurses is often avoided.

Some of our conferences are given over mainly to the solving of minor problems in our daily work, and at other times a paper has been read by one of the staff on some unusual case of particular interest, or on some new method of treatment. This is indeed helpful as it keeps those in charge of surgical wards in touch with the latest medical treatment, and vice versa. At others, again, heads of departments have given us talks explaining the objects of their departments and the methods employed in administration and suggestions as to ways in which the wards may co-operate with them. Personally, I remember in particular an address given at one of our meetings by Miss Davidson, who is in charge of our Social Service Department. The work being done in that department has meant infinitely more to me since and I can see how,

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Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

Records for Public Health Nursing

By FRANCES KING, Reg.N.

It does not take much experience in public health work to show that records are necessary, but it takes a great deal of experience to discover what form these records should take. We have been planning and experimenting for several years and are still very far from feeling that we have developed forms which are satisfactory from all points of view. These articles, therefore, make no pretense of outlining solutions that are final; they merely represent the results of our experience up to the present time.

The field which is covered does not include bedside nursing or treatment, but limits itself to the teaching of health and the prevention of illness. The work is done in the homes, the schools, and child health centres. It originates in home visiting; in the wards and out-patient departments of the hospitals; from reports of communicable diseases, including venereal diseases and tuberculosis; and from birth registrations.

Records have two functions. They must indicate the progress made toward improving and preserving the health of the community, and they must aid the nurses in their work with the individual patients.

Mortality rates, particularly for infants and communicable diseases, are generally accepted as indicating the status of a community's health. In order to supplement and explain these rates, the nurses' records must provide certain statistics, such as the percentage of babies that are breast fed; the number of children attending the child health centres; the number of venereal diseases and tuberculosis contacts sent to the physician for examination; or the type of the problems dealt with during home visits.

Records for Public Health Nursing

Statistics to be of value must be definite and not general. Take for example the last item in the preceding paragraph. A statement of the number of persons under supervision and the number of calls made during the year is of little value unless it also shows the kind of problem encountered together with some indication of the action taken and its results. All such statistics can be secured from the nurses' records for the individuals, and represent to the public the sum of her work. When she is devising a record, she should keep in mind what statistics she wishes to accumulate, and should arrange her form so that she may gather them with the minimum amount of exertion. From the nurses' point of view, the health of the whole community seldom depends upon work on a large scale—for her, it is meeting the needs of a thousand and one patients. The patient is the mickle that makes the muckle. Her main consideration then, when making a record, is the needs of the individual patient.

A record must be easy to write, and easy to refer to. It must supply adequate information without being cumbersome. It must take the place of memory; a worker should not have to burden her mind with details not immediately needed. In order to be useful, it should show

in a plain and comprehensive manner, what has been accomplished and what remains to be done.

Before drawing up a form for the printer, it is well to consider what might be called the mechanics of record making; that is, such matters as files, or the arrangement and size of the form itself.

Card cabinets come in three standard sizes, with trays for cards 5" high by 8" long; 4" high by 6" long; or 3" high by 5" long. Of the three, the 5"x8" and the 3"x5" are most generally used. If all forms are made to file in standard size cabinets, they are interchangeable, more convenient to handle, and more economical. Papers, cards, and printers' inks have a wide color range, so that different colors can be used to distinguish various forms. Dark colors, which will not show red or black ink well, should be avoided.

Files may be arranged in three ways, alphabetically, numerically, or chronologically. The alphabetical file is the most convenient for histories. If the file is large, it will save time in finding histories if they are in strict alphabetical order, which means that the entire spelling of the surname must be considered. Atkins must come first, Atkinson second, and Atwater third. If there are a number of families of one surname, it is better to have the addresses for each surname in alphabetical order also; Atkins, Main Street, first, and Atkins, River Street, second. This is preferable to filing by Christian names, as the surname and address are generally better known. If the file is small, it is sufficient to group the histories under the first letter of the surname.

A numerical file is convenient for correspondence, particularly when it is desired to file letters from a number of different persons, or on various subjects, in one folder. The folders are numbered and kept in numerical order. An index, generally on 3"x5" cards, is kept with a card for each person or subject, bearing the number of the folder in which the letters may be found. This index is kept in alphabetical order.

A chronological file is for the purpose of bringing matters up for attention on certain dates. At least two sets of guides are necessary, one set numbered from 1 to 31, for the days of the month, and the other marked with the names of the months. Notes are placed behind the date on which the matter is to receive attention. Each morning the notes for the day are taken out, and the guide moved forward to the next month. Such a file, whose colloquial name is the "tickler," is invaluable for follow-up work. Its disadvantage for general filing lies in the fact that because of the difficulty of locating them, no papers can be filed in it which are likely to be needed before the date scheduled for their appearance. If the nurse wishes to use a tickler in connection with her home visiting, it is necessary to make a duplicate record, so that the history can remain filed in its proper place, ready for quick reference. This duplicate needs to carry very little information—the name and address of the family are often sufficient.

There are on the market a number of filing systems, which in each case have certain advantages. All are based upon a variation or combination of the systems described above.

The visible index has come rapidly into favor for certain types of work requiring frequent or very speedy reference. The cards are laid flat on panels or in shallow trays, with the bottom line of each card showing. On this line the name is written, so that the eye can run over the tray as it would over a list in a book. These cards can be arranged in any order desired. Additional entries upon them can be made easily. Their use for us is limited by the amount of space they require, but for small

files containing very active matter they are excellent.

A cross index is a file carrying very little information itself, mainly used for helping to locate the complete record. A street file referring to family histories is an excellent illustration. A card is made for the address of each family under supervision carrying the name and number of the street, and the surname of the family. Other families living at the same address, now or previously, are added to the same card. The cards are filed in alphabetical order of streets, the numbers under each street being in numerical order.

In an alphabetical file, names of the same sound but of different spellings should be filed together. For example, Carpak should be filed under K with Karpak, and Winestein with Weinstein. A cross index card should be used in each case; under C should be a card bearing the words "Carpak—see Karpak."

(The next article will suggest forms for family and individual histories, return reports, and daily work reports. Miss King is the Statistician, Department of Public Health Nursing, Toronto.)

Maternal Care in Ontario

By MARGARET DUFFIELD, Reg.N.

In endeavouring to compile the necessary statistics for this paper, I have been shocked at the conditions revealed to me by the reports which I have received. Ontario is in a deplorable state in regard to the maternal mortality rate, and the mortality rate is the standard by which our efficiency in this work must be judged.

I will start with the year 1921: Population of Ontario (actual), 2,981,182.

No. of women of marriageable age, 677,496.

No. of births—excluding S.B.'s, 74,151 (25.3 rate per thousand live births).

No. of infant deaths, 6,762 (91.3 rate per thousand live births).

No. of deaths assigned to pregnancy or childbirth, 387 (5.2 rate per thousand births).

In the year 1922 we had a decreased birth rate and infant mortality rate with a stationary maternal mortality rate.

The year 1923 also showed a decreased birth rate, but an increased infant mortality rate and maternal mortality rate: this showing a low birth rate and relatively high death rate.

In comparison with the other registered provinces we rank as third lowest—but this is nothing to brag about as, with the exception of Prince Edward Island, all the provinces have a high maternal mortality rate. Let us instead compare ourselves with some of the Western European countries, such as:

Denmark, with a rate of	2.0	in 1922
Netherlands	2.5	" 1922
Sweden	2.5	" 1921
Italy	2.6	" 1916
Switzerland	2.9	" 1920
England and Wales	3.8	" 1923

and so on until we find ourselves somewhere near the bottom of the ladder.

Yet these countries had no better facilities for this work than we have, but the country itself, realizing the danger which faced it, took the problem in hand and gave intelligent co-operation to the medical profession in their endeavours to relieve this wastage in the principal source of increase of population.

Totalling up the maternal deaths occurring in the years 1921-22-23 I find that 1126 women have lost their lives in what should have been, in satisfactory circumstances, a natural function. And this is not all, for there is that immense number of women who, owing to insufficient care, are made invalids for life, or lose a great part of their economic value, or become sterile due to injuries received, or disease acquired in endeavouring to fulfil the function of motherhood.

Our attempts to combat this increasing mortality rate and bring better service to our mothers so far can be summed up in the following:

	1922
Hospital accomodation for Maternity cases	1,185
No. of Victorian Order nurses in field	135
A certain number of Red Cross nurses and outposts.	
No. of doctors in active practice	3,000
No. of registered nurses (only a very few of which do this work)	7,542

This is the professional aid.

The number of births which took place in the reporting hospitals in 1922 were 10,261. The number attended by the V.O.N. 5,751. approximately. Now this leaves 55,418 who have been looked after by the private duty nurses. other organizations, and the inevitable "handy-woman"—who certainly appears to do the major part of the obstetrical nursing of the province.

If for the population of the country we have sufficient medical aid (?) we must remember that it is more often than not crowded into urban districts, leaving the stray handy (?) woman in command of the rural field.

If we are satisfied with this condition we of course need not hope to reduce our maternal mortality rate; but if we insist on better supervision during the prenatal period, with greater skill in obstetrics and nursing during the intranatal period —not forgetting the necessity for transportation facilities and telephone communication for those who are too far removed from professional supervision—we may, with the hope of intelligent co-operation from the parents, reduce our mortality rate in this field of preventive medicine. The nurses working in the field do what they can in educating the public to the necessity for better care during this period, but it only amounts to a "drop in the bucket" and will never give a satisfactory result until we make the country understand that the programme necessary for safe maternity is embodied in the following:

1. Education in the schools along these lines.
2. Adequate obstetrical and nursing care.
3. Close supervision and instruction during the prenatal period.
4. Sufficient hospital accommodation for all not having good home conditions.
5. Domestic aid before, during, and after the birth. if at home.
6. Financial aid for those in poor circumstances.
7. Accurate notification of births and still-births.

When we consider that the principal source of increase in population is at stake, and that we are always reading in the newspapers of the urgent necessity for immigrants to people our province, would it not be as well for us to strain every effort to have our future citizens born right in the country from healthy and vigorous parents?

[Editor's Note: Three other papers on Maternal Care, i.e., in the city, in the small town, and in the Red Cross Outpost Districts of Ontario will appear in subsequent issues.]

Why the Whole Wheat Bread?

By ESTHER KINNEY, R.N., Vancouver

The use of cereals antedates all history, the term cereal dating back to mythological times—Ceres the goddess was supposed to have been the first to gather grasses and use their seeds as foods. Of the cereals, wheat, rice, corn, oats, barley, rye and millet, wheat is doubtless first, not only in order of naming but in common use.

The wheat grain consists roughly of two parts, an outer coat or husk and an inner substance or kernel. The external coat consists of three layers, the testa, membrane, and cerealin envelope: The first of these, the testa, is composed of three layers of bran, and contains valuable mineral matter, also colouring. The third, the cerealin envelope, contains vitamines—fat and protein granules. The internal part or kernel is composed of starch grains, proteins, gluten, some sugar and salts.

The germ or embryo of the grain representing about 1½% of the whole grain is rich in enzymes that aid in starch transformation, and in nitrogen.

Flour is made by grinding the grain of cereals.

Doubtless the first primitive mill was nothing more than two flat stones between which the grain berries were crushed. As civilization progressed the hand mill, first an inverted mortar with a hole in the top, then the millstone took the place of the flat stones, the motive power progressing from stones to cattle, to wind, to steam, to electricity, until we arrive at the modern method of milling, the Patent Roller process.

But while the process has undergone such marvellous changes, the product has seen a more startling one.

In the older methods the clean dry berry was crushed and the kernel, germ and entire outer coating or endosperm was used to form the bread. As the process progressed more and more of the husk was removed until now the modern process, to meet popular demand, removes all of the germ and the endosperm.

This evolution in milling has had a logical sequence; the germ, rich in oil, if allowed to remain in the milled product, may tend to cause the flour to become rancid. The soluble proteins in the germ and cerealin coat may act on the starch, changing it to dextrine, so darkening the baked product—bread. As popular demand called increasingly for a finer, whiter bread, the millers took from the grain more and more of everything except starch: minerals, vitamines and valuable roughage, as well as the elements which lessened the whiteness and lightness of the loaf, in order to meet the popular demand.

Recently a man of sixty whose diet was being readjusted to correct certain disorders, remarked to me—"This is ironical. For the best part of forty years I have studied how to give the people a finer and whiter flour, and now when I have retired to enjoy the profits from my years of labor you put me back to eating shorts."—This last being the miller's term for the outer coat.

As our recent and growing knowledge of vitamines and their value in the diet—of the use and value of mineral matter and roughage—has made us look for the foods which would best supply these three essentials to our diet, we have added to

our vegetable and fruit list, whole grains, in bread and as cereal, particularly whole wheat.

The absence of these three essentials from bread may not matter where a mixed diet, rich in vegetables, cream and animal foods is taken, but does become vital where bread or cereals are the mainstay of the diet, as of course often happens among the poorer or more careless classes, and I fear among many "girl bachelors." How many of us are making 60% of our meals of tea and toast, the lonely housekeeper's standby? If we, living alone, lack the incentive for preparing regular meals, let us at least make a little improvement, by the use of whole meal bread.

News Items

MANITOBA

A delightfully planned and highly successful tea was given on Saturday, May 9th, by the nurses, Child Welfare Department, Winnipeg, in their offices at the Bureau of Child Welfare. The object was to raise funds for the hospital section of the Robertson Fresh Air Camp at Gimli, operated by the Robertson Memorial Church and Settlement House at Winnipeg. The large waiting-room was transformed into a veritable boudoir—with easy chairs, plants and flowers—while visitors wishing to delve into the future could have tea-cup secrets revealed in the smaller offices. Great interest was shown in a camp model, ingeniously erected on a table, where one viewed a lake with many accessories for enjoyment on water and land; also a hospital tent with patients and nurse. The dietitian's department also proved an attraction. The tea-table was prettily decorated with pink and white tulips and pink candles, and the guests were received by the Misses L. Spratt and L. A. Schwalm. The proceeds amounted to over $100. The staff consists of fourteen nurses, six of whom served with the C.A.M.C., and the Dietitian, who has her own helpers.

Preparation of Patient for X-Rays

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of any kind until this examination is made.

After this the patient may have food as usual. No laxative or medicine of any kind is given until the examination is finished, this sometimes takes several days.

One of the main things to be remembered is to have the meal passing through the intestinal tract as nearly normal as possible.

For the thorough examination of the large bowel a barium enema is necessary. The success or failure absolutely demands the bowel to be thoroughly cleansed. A large dose of caster oil the previous evening and through washing of the bowel with normal saline using three or four quarts. If the bowel is not cleared and barium will not coat the lining of the bowel thoroughly and might possibly lead to error.

The enema should consist of one or two litres of buttermilk to which has been added 250 gms. of Barium Sulphate. Other material may be used, as condensed milk, two or three small cans being added to one or two quarts of water at a temperature of 100 deg. F.

The patient should have clothing removed from the crest of the Ilium to the knees and a sheet or blanket covering the patient.

Department of Student Nurses

Convener, MISS M. HERSEY, Royal Victoria Hospital, Montreal.

Address

By DR. DUNLOP

The few remarks I shall make this evening in respect to the place of the Nursing Staff in a Standardized Hospital, will be a mere preamble, so to speak, to the more specific duties and responsibilities that, I understand, will be dealt with in the discussions which are to follow.

Let it be remembered that a good nurse is first of all a good woman. Her necessary requisites are health, intelligence and a good conscience. The training of a nurse includes two distinct parts: first, practical training in the care of the sick and prevention of disease; second, careful education in regard to her conduct. Under the pressure of training school life there is a tendency to devote all the time to the technical; subordinating the ethical to the technical or crowding out the ethical entirely. It must be remembered that training in the art and science of nursing is inseparably bound up with the science and practice of proper conduct.

When entering upon her training the student nurse must accept as right and necessary much that she cannot understand. She must try to see the situation from the viewpoint of those in authority, who are responsible. So also, when the patient is concerned, she must endeavor to get the viewpoint of the patient. She must analyse herself and see that her motives are unselfish. Hers is more or less a life of self-sacrifice. Her duty will be to promote the general welfare of all concerned. The governing body of a hospital must protect all interests. They are responsible for the nurses they place on the wards, in as much as they assume the responsibility of admitting the student nurse to the training school.

In all hospitals there is the Administrative Department with its various departmental branches, Medical, Nursing, Domestic, Engineers, etc. The largest of these is the Nursing and Training School. It embraces all nurses and probationers. The best service can be rendered when there is an intelligent sympathy between the different branches, and especially the sympathetic co-operation of the nursing service with the doctor and the patient, who is the most important person in the institution, and for whom the hospital exists. Each nurse is a unit in the service and must regard herself as an essential factor in its efficiency. To consider herself of no importance she would have to decide that there was no reason for her being a part of that service.

No hospital has a right to claim a first rank position among standardized hospitals unless, along with its many requirements, it can certify to the loyalty of its different departments to all other departments, and to the institution as a whole. This does not mean that a nurse must shut her eyes to the short-comings of the hospitals. The work is always done by very human individuals and what they do is seldom perfect. The efficiency of a nurse is measured by her ability to carry responsibilities. Most of the rules of the hospital are designed to promote the welfare of the patient and to guide those who are responsible for his care.

It is one of the principles of a hospital, that to enter its service in any capacity carries with it a moral obligation of **loyalty.** No nurse should discuss the failings or defects of her associates to any one but those who are in a position to remedy those

defects. Never by act or word should anything be done that might shake the confidence of the patient in the hospital where he has come to be cared for, and remembering that the personal element is a large factor in the handling of the sick, nothing should be said that might weaken the faith or create doubts as to the methods of the physician he has selected to care for him.

The things the nurse has to do are comparatively simple things. Her duty is to care for the needs of her patients under the direction of a doctor. She is not trained either to make diagnosis or to make decisions as to treatment. She must carefully cultivate that most difficult of all the arts, the art of observation, and here comes in the art of making her chart. The records must be complete, she is the doctor's assistant and he should benefit by the intelligent record of her observation. Nurses in charge of departments must make the quality of fairness one of the foundation stones in their system of management and this quality must extend to patients, students and doctors alike. Regardless of likes or dislikes, justice must prevail. It is a reflection on a hospital when any medical man can give the impression to his patients that he stands higher in the estimation of the hospital than his associates and can get anything he wants for his patients.

If one compares the representatives of the nursing service today with that of a few short years back, one cannot fail to see the changes that have been effected, largely by improved methods of training. The hospital has been more exacting in the preliminary education of the student nurse. So the student enters upon her training with a mind that has already acquired more or less trained habits of study. She is therefore the more capable of grasping, assimilating and applying the instructions, technical and ethical, she receives in the training school. She will have much to learn of Anatomy, Physiology, Medicine and Surgery, the principles of which she will apply daily. She must assume certain responsibilities and will be expected to measure up to them. She should desire no better reputation than to have it said of her "She is reliable." Charlotte Aikens says "A nurse's bedside records are an index of her real character, and an every-day test of her honesty. It is of small comfort to know that the records look well, are free from blots, erasures, etc., if they lie."

The nurse cannot acquire her training without a good deal of drudgery, but as time goes on she grasps the principles that underlie discipline and what distressed her at the beginning she will be capable of applying to her own character and conduct in the end.

[An address read before the nurses of Holy Cross Hospital, Calgary, Alta., January, 1925.]

Staff Conferences from the Point of View of a Graduate in Charge of a Ward

(Continued from page 356)

previously, through lack of knowledge, I was not co-operating to the extent that I might have been.

Co-operation is one of the primary essentials of any work, and of special importance in ours, and this should be the greatest benefit of all to be derived from our staff conferences.

Note—In Montreal there is a very active and interesting Educational Section which meets once a month and is very well attended by Superintendents, Assistants, Instructors, and all who are engaged in the education of the nurse in the various training schools of the city.

Problems which are common to all form the subjects of the various meetings, and the subject and those leading in the discussion are chosen from one meeting to another.

The foregoing paper was read at a recent meeting by a graduate in charge of a Medical Ward at the Montreal General Hospital.

Canadian Army Medical Nursing Service

National Convener of Publication Committee, C.A.M.N.S.,
Miss MAUDE WILKINSON, 410 Sherbourne St., Toronto

From War to Peace

LISTENING IN

By N/S ELSIE F. ROPER, Reg.N.

How often in these days of radio wonder are we privileged to "listen in" and enjoy with millions of others the best in music and art. It is the day of "international exchange" of thought expressed.

Many of us recall a different mode of listening in, not many years past, when the privileged few received communications and reported to those anxiously waiting news from the front line trenches.

In the Northern Ontario Red Cross Outposts we too "listen in" for calls along the line and hold ourselves in readiness to answer when required. My subject was suggested to me as I recalled one of the many times these words were used in my work during the past winter. Answering an S.O.S. call from some distance, the section men volunteered to take me on the "speeder." I need not explain this mode of travelling to my readers, except to say it is a thrilling experience to a novice, especially, as in this case, when a thoughtless lad placed some obstruction on the track to occasion an extra thrill or two!

It was bitterly cold; a strong north-west wind blew continuously against us and we were chilled to the bone, despite the heaviness of clothes. We finally arrived at our destination, however, and I proceeded towards the house, wending my way through unspeakable barnyard refuse and shivering cattle. As you will recall, a true chateau in France also has its barnyard and stables at the entrance, but somehow the comparison ends there; the romance of the French chateau is lacking. As I approached the house I could hear the usual scurrying around and was conscious of many little eyes peering at me through broken windows. I entered at the woodshed. In these exposed localities the front door is usually barricaded, along with all the other windows, at the first sign of winter and well fortified against the possible admission of fresh air. Such a picture met my eyes! One, two, three, four, five, six—no, seven—children and a baby, while the eldest, a boy of sixteen years of age was away with his father in the bush. None had sufficient clothes to cover their little bodies; stockings only in name; shoeless, and thirty degrees below outside! The question in these cases is just where to begin, so much is required. I examined the children, made notes of the most pressing needs and advised the mother. True, some of the children should have been at school, but this did not seem the time to chide or criticize; it was the time for action. A walk of three miles to school in such weather and

in such clothes was unspeakable. I returned on the "speeder," after assuring the mother I would return with clothes and whatever assistance was available. Here was one more opportunity for the generous Red Cross branch to "listen in."

Again the call came to our little nursing station. I will only cite these two cases among the many received last winter. This time it was from a woodsman's hut "somewhere up the trail." A speeder was of no avail, nor were there any cheery section men to help me carry my kit; the trip had to be made alone, on snowshoes, through unbroken woods. There was no time for hesitation; the word received said all were sick. Never shall I forget that trip! The darkness descended and the stillness of approaching storm was about me. The click of my snowshoes rent the air and I found myself turning round to see if someone was following, though it was not a human footstep I feared. After numerous spills—for the snow was soft and the road unbroken and a mistep had sent me tumbling headlong into the snow banks—I finally discerned the woodsman's cabin in the distance and the sound of human voices. As I approached, two men halted in their work of piling wood; their faces depicted astonishment. I was shown into the cabin where a sick mother and five small children were being cared for by the father, who had not had his clothes off for six nights. The other two woodsmen outside were also being sheltered in this little hut. There was much to be done and I was able to give a few instructions in home nursing, a little advice in public health, and make a list of the requirements of the children. As the storm had descended I gladly accepted the invitation of the woodsmen to ride back on the load of wood. Arrangements were made for my return.

These two cases serve to illustrate what I term my active service on the frontier line. Back at the base there are also many interesting experiences as I travel up and down the railway, visiting the schools, and the homes of the older homesteaders and the newly arrived settlers.

To our little nursing station, fitted up for the Red Cross nurse by the Temiskaming and Northern Ontario Railway, the mothers come for advice and consultation, and bring their babies to be weighed and measured. It is hoped that in time arrangements will be made to have a doctor present on certain days to consult and examine special cases.

The work in this district has only been carried on by the Red Cross for the past six months but it is generally felt that the effort to spread the gospel of good health, and simultaneously supply the wherewithal to carry out instructions given, is proving of great service in this district, and it is hoped that the people thus stimulated will gradually absorb this knowledge, and practise it in their daily lives.

"What Went Ye Over to See?"

By N/S L. E. DENTON, Reg.N.

Remy Siding! A casualty clearing station! 'Twas the summer of '17. Who could measure the height, breadth, depth—aye, and length—of those days? The days of Paschendale.

Overhead against the blue of the sky are our Watchmen of the Air, going hither and thither guarding us by night and day. Hour by hour the road to "Pop" is a moving mass of men and transports; on and on past Flamertinghe, on the road past Ypres, where the bursting shells are but a forerunner of what is beyond. On the other side, coming down, are

mile upon mile of ambulances. Their burden! Those who but a few hours before had been at the gates of hell itself—coming now to us to be nursed back to health, or—as in the case of all too many—just to receive "the cup of cold water" and to feel the touch of a British woman's hand and to hear her voice.

The Resuscitation Ward! Who, having been there, could forget it. Sister and orderly working side by side with eyes that blurred and hearts that ached over the stretcher with its bundle of khaki, mud, and the questioning face of a soldier. Perchance to him Homeland and Birthland is amongst the heathered hills, in beautiful England, or yet, the Emerald Isle. Others whose loved ones wait across the Atlantic in dear old Ontario, or westward over the prairies to the far-flung Rockies. Again, the face is of one from beneath the Southern Cross. Whence had they come? It mattered not. Men of our race, blood of our blood, sons of Britain and brothers all. Oh, to have the pen of the greatest of writers to describe with soul-reaching power the greatness of those days! The courage with which they met the Sister's answering look when words came not to the question "Will I get to Blighty?" Then the whispered word of encouragement and sympathy: "Never mind, Sister. This is hard for you here." The Sister as she took the address of next-of-kin said: "Now, Laddie, I'm going to write home for you." A smile—"Tell mother I remember." Here one saw the soul of the man and was proud and satisfied. The thought so often came: surely "this is holy ground."

A September evening. The tent is open, allowing the warm rays of the setting sun to rest on a cot where a young lad lay, beside him, kneeling, is the white-haired Padre: "Yea though I go through the valley of the shadow." "It is all right, Padre; I've not forgotten." From another cot where lies an older man—a Roman Catholic—comes to the Sister a message: "God bless you women." The voice of our wounded: could a greater honor be bestowed on us?

Memories! Yes—and with them a faith in humanity that will not die. Methinks I hear their voices still wafted down the years—

To you from failing hands we throw the torch—
Be yours to hold it high.

News Notes

MANITOBA

The Nursing Sisters' Club of Winnipeg held the spring meeting on Saturday, May 16th, when it took the form of a tea given at the home of Mrs. J. F. Morrison, R.R.C. The guests were received by the President, N/S A. J. Attrill, R.R.C. and the convener of the Social Committee, Mrs. J. H. Bond, R.R.C. The tea table was daintily decorated with green tulle and candles, while pink roses adorned the flower vases. Presiding over the tea cups were Mrs. B. W. Lawrie, Mrs. W. Thomas, N/S P. Ramsay, and N/S O. Garland, R.R.C., assisted by members of the committee. The club took occasion at this re-union to contribute towards the Empire Fund for the purpose of erecting an annex at the Nurses' Home of the Elizabeth Garrett Anderson Hospital for Women in London, England, in memory of the Nurses of the Empire who gave their lives during the Great War. The names of thirty-nine Canadian Nursing Sisters will be on the memorial tablet. A sum of over $50.00 was realized at the tea. Mrs. J. H. R. Bond is one of the first six British Army sisters following the time of the Crimean War, and is a veteran of several wars. She holds the Royal Red Cross, Zululand and Egyptian service medals, and the Khedive's Bronze Star, which is one of special distinction. Since coming to Canada many years ago she has always been actively associated with a number of organizations.

N/S M. McKie was married to Mr. Wm. Wall on April 22nd, at St. Stephen's Church, Calgary, Canon James officiating. N/S McKie is a graduate of Guy's Hospital, London, England, but since coming to Canada in 1911 made her headquarters

at Hartney, Man., where she was in charge of a private hospital. She served overseas for two years and was in the great raids both at St. Omer and at Etaples, being attached to the No. 9 Canadian Stationary Hospital. Having done private nursing since her return to Canada, her many friends at Hartney showed their appreciation of her life among them by giving her many beautiful presents at a bridge party and shower that was held in her honor previous to her departure for Calgary.

A number of the members of the Nursing Sisters' Club of Winnipeg took part in the Decoration Day procession and services on May 24th. Previous to the service at the Stadium the nursing sisters were guests of the Amputations Association and Auxiliary at their clubrooms. Both parties were given transportation by automobile to the cemeteries by members of the Rotary and Kiwanis Clubs. At Brookside they formed the inner circle about the Cross of Sacrifice, when special tribute was paid to them in an address by Capt. Wm. Robertson, chaplain of M.D. 10. N/S Stella Gordon deposited the wreath of roses and sweet peas for the Manitoba Association of Graduate Nurses, and N/S A. J. Attrill, R.R.C., one of roses and peonies on behalf of the Nursing Sisters' Club. At St. John's, where the veterans of 1885 and officers of the garrison are buried, Mrs. J. H. R. Bond, R.R.C., placed the wreath of the Manitoba Branch of the Red Cross Society, and N/S E. F. Hudson, M.R.R.C., placed the wreath of the St. John's Ambulance Association, Fort Garry Division, of which she is a district superintendent: she also represented the Nursing Sisters' Club at this cemetery.

BRITISH COLUMBIA

Exactly twenty nurses who saw service overseas during the Great War were at the "Lest-we-Forget" luncheon held recently at the Hudson's Bay Company's dining-room by the Overseas Branch of the Graduate Nurses' Association, Victoria.

The affair, which is now a yearly observance held on Florence Nightingale Day, was informal save for the short address given by the president of the association, Miss Ethel Morrison, who recalled that it was seventy-one years since the Crimean War called into being the genius of "The Lady of the Lamp." The table was appropriately arranged with red and white flowers, and little menu cards printed in red. The following nurses who served overseas were present: Mrs. Aylmer, Mrs. H. Baker, Mrs. Ball, Miss Bastedo, Miss Bovee, Miss Craighead, Mrs. J. C. Dewar, Mrs. E. A. Dixon, Mrs. Finn, Miss E. Franks, Miss E. Gray, Miss M. McMrs. Morrow, Miss E. Pierce, Mrs. R. B. Robertson, Mrs. Reid, Miss Lasenby Rose, Miss A. Williams.

Overseas Nurses of Ontario attending the International Nurses' Congress at Helsingfors are: Miss Edith Rayside, Miss Smellie, Miss Edith Campbell, Miss M. A. Fortune, Miss R. E. Hamilton.

NOTICE

If N/S E. J. Johnston will communicate with Alfreda J. Attrill, Bureau of Child Hygiene, Main and Aberdeen avenue, Winnipeg, she will learn something to her advantage.

Note—An effort is being made to procure for publication in this section, a short biography of those nurses who were killed or met their death due to war service. It is difficult to obtain the necessary particulars and the addresses of the next-of-kin. Will anyone having this information kindly forward the same through their provincial representative for this section or direct to the convener at 410 Sherbourne Street, Toronto.

Hospital Libraries Round Table

At the annual meeting of the American Library Association, to be held in the Olympic Hotel, Seattle, July 6-11, the following programme will be presented at the Hospital Libraries' Round Table:—

Chairman, Perrie Jones, Public Library, St. Paul, Minn.; Mrs. E. B. Bailey, Public Library, Minneapolis, Minn., will preside.

Monday, July 6, 2.30 p.m.—History of Nursing, Elizabeth S. Soule, head of the Department of Nursing Education, University of Washington, Seattle. The Future of Public Library Hospital Service, Sarah E. McCardle, County Free Library, Fresno, Calif. The Costs of Public Library Hospital Service, Lila Bowen, Public Library, Omaha, Neb. The U.S. Veterans' Bureau Hospital (a report), Elizabeth Pomeroy, Unit U.S. Veterans' Bureau, Washington, D.C. Results of the questionnaire.

News Notes

BRITISH COLUMBIA

VICTORIA

On May 29th the annual graduation exercises, Jubilee Hospital, were held in the ballroom of the Empress Hotel, when seventeen graduates received their diplomas and medals from the chairman of the board of directors (Mr. George McGregor), and Miss Jessie Mackenzie, superintendent of nurses, in the presence of a large crowd of friends and well-wishers. The invocation, delivered by Dr. W. L. Clay, was followed by a congratulatory address to the graduates by the Lieutenant-Governor, in the course of which he characterized the Jubilee Hospital as one of the finest in the world, and the Canadian nurse as second to none. The Very Rev. Dean Quainton spoke on the question: "Ought we to regard nursing as a mere profession or primarily as a vocation?" After short addresses by Mayor Pendray and Mr. George McGregor, diplomas and medals were presented to the graduates as follows: Ida Kathleen Snowdon, Elizabeth Brethour Joyce, Frances Lillian Sheepwash, Hilda Kathleen Restall, Helen Mae McQueen, Helena Katherine Legge-Willis, Mabel Rhodes, Margaret Jean Aikenhead and Irene Smith, all of Victoria; Dorothy Amy Taylor, of Metchosin; Margaret Jean Shenfield, of Innisfall, Alta.; Gertrude F. Rowsell, of Camrose, Alta.; Catherine Turbain Ferrier, of Vancouver; Madeline Alecia Mary Parke, of Ashcroft; Elizabeth Geneva Maxwell, of Salt Spring Island; Eleanor Loosley, of Oak Bay; and Henrietta Blachford, of Medicine Hat.

Special awards were presented as follows: The Robert S. Day memorial scholarship to Elizabeth Brethour Joyce, the third to win this $100 bursary under the terms providing the award. Mr. Drake, of the board of directors, on their behalf presented the two subsequent prizes, the first to Miss Amy Smith, a cheque for $25 annually offered by the board to the pupil attaining the highest marks in examinations; the second to Edith Jean Patterson, a bursary offered to the junior class pupil excelling in practical work. Miss Ethel Morrison, president of the Victoria Graduate Nurses' Association, on behalf of the association, presented to Miss Caro Rant the year's bursary for the most efficient work in first-year nursing; and to Miss Plump was awarded Dr. A. F. Price's prize for work in connection with infectious diseases.

A very popular incident in the programme was the presentation to Miss Jessie Mackenzie, superintendent of nurses, of a handsome ebony-mounted silver tea service and tray, the gift of the Women's Auxiliary Executive of the Jubilee Hospital, the directors, and doctors of the hospital, "in appreciation of Miss Mackenzie's tireless efforts in the construction of the new wing." This fact was engraved on the tray, with the date. Miss Mackenzie, in her brief response, was eloquently convincing when she said that what she had done had been done with pleasure.

The programme was interspersed with enjoyable musical numbers, and after the formalities were over chairs were pushed aside and dancing, to the accompaniment of Heaton's orchestra, filled in the remainder of the evening until midnight.

The Victoria Graduate Nurses' Association held their monthly meeting on June 2nd at the Alexandra Club. After a short business session the members enjoyed playing bridge; later, dainty refreshments were served. This pleasant social evening brought the regular monthly meetings to a close until after the holidays. The association will reassemble on Tuesday evening, September 1st.

NEW WESTMINSTER

Miss Reta Moulton, R.C.H., 1924, is taking a post-graduate course at the Children's Hospital, Boston, Mass.

Miss Rosemary Smith, R.N., has accepted a position in the hospital at Ocean Falls, N.C.

Miss Bourke, R.N., has returned home after spending some time in California.

Miss Dynes, R.N., (St. Paul's Hosp., Vancouver, 1919), has accepted a position at the Columbus Hospital, Seattle, Wash.

Miss Gerard, R.N. (St. Paul's Hosp., Vancouver, 1923), has accepted a position in St. Mary's Hospital, New Westminster.

Miss Bamtinheimer, R.N., R.C.H., 1924, and Miss Isabel Hill, R.C.H., 1924, have accepted positions in the hospital, Greenwood, B.C.

The many friends of Miss Swanson, R.N. (who has been in Arizona for several months) will be pleased to learn that she is making good progress towards complete recovery.

The graduation exercises of the 1925 class of the Royal Columbian Hospital were held in the Duke of Connaught High School on May 28th. The address given by Dr. T. B. Green to the class was very much enjoyed by all present. Diplomas were presented by Mrs. T. Gifford, Jr., and Miss Stott, superintendent of nurses, pre-

sented the medals. The special medal winners were: medal for general proficiency (presented by the Graduate Nurses' Association of New Westminster), Miss Richardson; medal for surgery (presented by Dr. Rothwell), Miss Bishop; medal for highest marks in examinations (presented by Fraser Valley Medical Association), Miss Green. The members of the 1925 class are: Misses Dorothy Wilson Bell, Esther Elizabeth Bowlby, Marguerite Ann Richardson, Constance Emily Hawkshaw, Viola Mary Bishop, Ruby Bramley Green, and Rose Lillian Elsie Gibbs. The valedictory address for the class was given in a very pleasing manner by Miss Bishop. At the close of the exercises the class and members of the staff were entertained by Mrs. T. J. Trapp at her home.

MANITOBA

BRANDON

St. Paul's Church, Brandon, was too small to accommodate the large number of people who gathered to witness the annual graduation exercises of the Brandon General Hospital. Nineteen graduates received their diplomas, presented by Mr. R. Darrach, president of the Hospital Board, while Miss C. Macleod, superintendent of the hospital, presented the nurses' pins. Dr. W. A. Cooke delivered the invocation and the address to the graduates was given by Miss Kenneth Haig, of Winnipeg, who by tracing the lives of some of the great nurses in history, showed the value of unselfish service in the practise of their profession. The presentation of the medals was made by Dr. F. L. Beer, Medical Examiner, who in a brief address to the graduates recommended that they take an interest in art, music, etc., as well as in their profession, and work for the betterment of the community in which they live. Miss E. Treffry, of Portage la Prairie, was gold medallist of her class; Miss Mary Roddick, of Brandon, was presented with a silver medal, and Miss Florence Hepburn, of Virden, received the bronze medal. Dr. W. J. Elliott, secretary of Brandon Medical Association, presented the special prizes as follows:—General Proficiency: Miss Jean Campbell, of Eyebrow, Sask.; highest aggregate marks for three years, highest marks in oral and practical work, highest standing in eye, ear, nose and throat examination, were all won by Miss E. Treffry; highest marks in obstetrics, Miss Dorothy Hawes, of Rapid City. Miss W. Ferguson, Kenora, Ont., was winner of highest standing in the second year, and Miss D. Longley, of Brandon, in the first year. Miss W. Halliday, of Fairfax, was awarded prizes for First Aid work and for gynecology, second year. Other members of the class are: the Misses D. T. Mitchell, Arrow River; M. Box, Grenfell; H. Tarleton and M. Tarleton, Griswold; H. Cowing, Oak Lake; J. Huntsman, Miniota; O. Begg, Souris; P. Nicholls, Portage la Prairie; J. Cameron, Arnprior, Ont.; I. Schofield, Monahan Ireland; A. Kelly, Rivers; A. Stinson and R. Mills, Brandon; and F. Hagerty, Kingston, Ont. Following the graduation exercises a reception was held in the Nurses' Residence.

Before an enthusiastic audience, which taxed the capacity of the auditorium of the Hospital for Mental Diseases, on Wednesday, June 3rd, fourteen nurses received their diplomas, which were presented by D. L. McLean, deputy minister of public works. Dr. C. A. Baragar, superintendent of the hospital, presided, and the nurses' pins and diplomas were presented by Miss A. F. Mitchell, superintendent of nurses. The invocation was delivered by the Rev. Father Grace. In her address to the graduates Mrs. R. F. McWilliams, of Winnipeg, referred to the work of the pioneers in building up the West and emphasized the fact that it is the task of the western people to complete the structure commenced so many years ago. She urged the graduates to go forward in their profession capably and hopefully with every assurance that their work is one of the great tasks to be completed, and the knowledge that many are ready to help in this work. The Hon. W. R. Clubb, Minister of Public Works, found it impossible to reach Brandon in time for all the exercises, but was present during the latter part of the programme and briefly congratulated the nurses. The fact that she is a medical student prevented Miss M. McKenzie from receiving a prize although she obtained highest standing in the graduating class. The first prize was, therefore, awarded to Miss N. Beasley, and the second prize to Miss P. McRann. In the junior year the first prize was awarded to Miss H. McKenzie and the second to Miss M. Harrison. Those who received diplomas in nursing were: the Misses N. Beasley, M. McKenzie, P. McRann, M. Erickson, A. Hicks, F. Scott, E. Reid, M. Marlatt, W. Bland, L. Carvey, M. Bennett, W. Hallatt, G. Bagg, and H. Metson. Messrs. R. A. Davidson and P. Twa were awarded diplomas for the Attendant Course. Following the ceremony a reception was held in the Nurses' Home, where refreshments were served and music and dancing were enjoyed throughout the evening.

Miss M. K. Finlayson, of the staff of Brandon General Hospital, left on May 25th for Scotland, where she will spend her summer vacation.

Miss C. Macleod, superintendent of Brandon General Hospital, left on June 3rd to attend the Helsingfors congress. Miss Macleod will make an extended visit on the continent and to the British Isles before returning home.

NEW BRUNSWICK

FREDERICTON

The graduation exercises of the Victoria Public Hospital Training School for Nurses were held in the Cathedral Memorial Hall on Friday afternoon, May 15th. The graduating class, consisting of Mary Frances Holleran, Marguerite Louise Fradsham, Mary McLaren Scott, Helen Parker Glasier, Ella Margaret Cochrane, Mary Adelaide Baker and Ruth Lillicia Lounder, entered the hall through a double row of the class 1926, carrying ribbons in the school colors. After the Invocation by the Rev. Canon Smithers and an opening address by Dr. D. W. Ross, president of the board of trustees, the prizes were presented. Dr. G. C. Van Warts' prize for surgical nursing was won by Miss Ella Cochrane, and the Ladies' Hospital Aid Society's prize for obstetrical nursing by Miss Fradsham. The diplomas were presented by Mr. C. A. Sampson, secretary-treasurer, and the medals by Miss V. I. Winslow, superintendent of the hospital. Following the administration of the Florence Nightingale pledge, Dr. C. C. Jones, chancellor of the University of New Brunswick addressed the class. The Class Prophecy —The Victoria Public Hospital and Class 1925 as seen Ten Years Later—was read by Miss Marjorie Ross (1926). The Valedictory was delivered by Miss Marguerite L. Fradsham. After the exercises, refreshments were served in the tea room by the Ladies' Hospital Aid Society. The tables were decorated with purple and gold tulips. In the evening a dance was held in the reception room in the nurses' quarters of the hospital.

Miss Fradsham (1925) has accepted a position on the staff of Victoria Public Hospital.

Miss Elizabeth Robinson Scovil, after spending several months in the Southern States, has returned to her home in Fredericton.

On June 10th the marriage of Miss Marguerite Montgomery Campbell of Fredericton, to Henry Fairweather Morrisey, of St. John, took place at Christ Church Cathedral. Miss Campbell is a graduate of the New York Hospital Training School; served overseas with the C.A.M. Nursing Service; and during the past few years has been with the New Brunswick Department of Public Health.

ONTARIO

HAMILTON

St. Joseph's Hospital A.A.

The graduation exercises of St. Joseph's Hospital Training School were held at Undermount on Thursday, June 4th, at 8 p.m. The class-room was prettily decorated for the occasion and nineteen nurses received their medals and diplomas. Following the exercises refreshments were served on the lawn. On June 5th the nurses of the training school held a dance at Undermount in honor of the graduating class and their friends. A very enjoyable evening was spent. The Alumnae Association of St. Joseph's Hospital entertained the graduating class at a dinner held at the Royal Connaught Hotel on June 6th at 7 p.m. The president, Miss Murray, received the guests.

Misses Wren and Molloy, 1924, are doing general duty at the Kiefer Hospital, Detroit, Mich.

LONDON

Victoria Hospital A.A.

At the monthly meeting of the Alumnae Association held in May, the question of twelve-hour duty instead of twenty hours for private nurses in homes and institutions was discussed. A vote on this question will be taken at a later meeting. The annual picnic was held on June 13th. Miss Grace Fairley, superintendent of the training school, Victoria Hospital, was presented with a gift prior to her departure for overseas. Miss Fairley will attend the International Congress in Helsingfors, Finland.

The graduation exercises of the 1925 class were held at Convocation Hall, University of Western Ontario. Forty-six graduates received their diplomas and pins from the Lieutenant-Governor of Ontario. The address to the class was made by Dr. Paul McKibben, dean of the medical school and chairman of the school of nursing committee. Following the exercises an informal reception was held and in the evening a delightful dance was arranged for the graduates and their friends at the medical school.

Previous to taking his departure in the afternoon the Lieutenant-Governor visited a member of the class, Miss Emily Smith, who was ill at the Victoria Hospital, and presented Miss Smith with her diploma and pin.

Memorial mention of the late Miss Gertrude Cahill was made during the graduation exercises. Miss Cahill's death a year ago was a sorrow alike to her teachers and classmates. A portrait of Miss Cahill has been placed in the nurses' classroom (where pictures of the graduates will also hang), a tribute to the place she held in the class and to her

memory kept alive among the nurses of her year.

The graduates were as follows: Sarah Alice Miller, Velma Jane Bilyea, Kathleen Alexandra Storey, Dorothy Madeline Atkinson, Anne Gray Dundass, Edith Lillian Palmer, Hazel Cecilia Fritz, Ercel Henrietta Cohoon, Mary Hope Cochran, Grizella Erica Lamport, Caroline Louise Giel, Ruby Ida Lynn Kelly, Gertrude Ellen Burr, Mary Isabel Sanderson, Elizabeth Isabel Little, Virginia Harper, Mabel Kelley, Gertrude Ermine Cumming, Mabel Emily Hill, Olive Elizabeth Branion, Margaret Susan Smith, Jean Fisher Hogg, Ella Thelma Murphy, Emma Nightingale, Margaret F. Feely, Ila Elizabeth James, Audrey May Catherine Burns, Elva Elizabeth Just, Edith Fysh, Greta Ada Hardy, Kathleen Miriam McIntyre, Mary Gladys MacDougall, Anna Muriel Lewies, Alice Cunningham Read, Helen Marguerite Summers, Merle Annie Ruttle, Katharine Elizabeth Beattie, Margaret Evelyn Harmer, Madeline Fletcher Buck, Rugie Nicholls, Margaret Murray Millman, Anna Gertrude Brown, Constance Vale George, Gertrude Elizabeth Manders, Alice Louisa Shore, Emily Jane Smith.

Scholarships for post-graduate courses at the University of Western Ontario were awarded to Mrs. Pearl Allison, Miss Katharine Mackenzie, and Miss Mary Mabel Sanderson.

ORILLIA

Soldiers' Memorial Hospital

Miss Johnston, superintendent of the Soldiers' Memorial Hospital, is leaving shortly for a three months' visit to Vancouver and other points in the West.

Miss Newton and Miss Towle have returned from Jacksonville, Ill., where they have been doing private duty nursing since last fall.

Miss Nicholson is spending the summer with friends in Winnipeg.

ST. CATHARINES

General and Marine Hospital

On Friday, May 15th, the annual graduation exercises of the Mack Training School for Nurses were held in the Collegiate Auditorium, when the following graduates were presented with their school pins and diplomas: Miss Dorothy Hoover, Thorold; Misses Edith Backert and Stella Sweitzer, Kitchener; Miss Janett B. Griffith, Niagara Falls; Misses Susan Leach, Mary Phipps and Jessie Buchanan, St Catharines. The address to the graduates was given by Dr. Fred. Sheahan, while the Florence Nightingale pledge was administered by Mr. Murton Seymour. The prize for general efficiency, given by the Alumnae, was awarded to Miss Stella Sweitzer. Mrs. W. Durham, president of the Alumnae, made the presentation, and in a few well-chosen words paid high tribute to Dr. Mack, founder of the Mack Training School for Nurses, which was the first school on the North American continent. During the evening Mrs. E. H. Lancaster and Mr. Harold Jones delighted the audience with several solos. Lovely bouquets of roses were presented to Mrs. Lancaster and to Miss Meiklejohn, superintendent. The exercises were followed by an informal reception and jolly dance.

Thunder Bay Graduate Nurses' Association

The regular monthly meeting of the Thunder Bay Graduate Nurses' Association was held on Thursday, June 4th, 1925, at the McKellar Hospital Nurses' Home, Fort William, Ont. After the business routine was concluded the Rev. Simms, of St. Paul's Church, gave a very interesting address on Spiritual Resources, quoting now and then most exquisite gems of poetry to enhance his theme. Miss Flynn, the dietitian of McKellar Hospital, who has a most charming voice, sang two songs, accompanied by Mrs. George Birch. Afterwards a social hour was much enjoyed and the nurses of McKellar Hospital served a delicious lunch. This is the last regular meeting until September.

The graduation exercises of the Railway, Marine and General Hospital, Port Arthur, Ont., were held in the Wallace Hall on May 19th, when Dr. J. T. Pratt, who appeared in public for the first time since his serious illness, gave a very fine address to the graduating class, and the diplomas and medals were presented by Dr. W. S. Hunt. Those graduating were the Misses Alice Upton, Annie Gordon, Elizabeth Barker and Geraldine Craig. A special prize for deportment and good conduct was awarded to Miss Upton and four prizes, each a five dollar gold piece, were awarded to four under-graduates who made a rating of 98 per cent. on the year's progress. A splendid musical and vocal programme was enjoyed by the large audience assembled and was followed by a delightful dance.

The McKellar Alumnae Association entertained at a very successful tea and bake sale on Saturday afternoon, June 6th, in the reception rooms of the McKellar Nurses' Home. The long centre table, from which fragrant cups of tea and dainty refreshments were carried to many guests, was beautifully decorated with lilac and carnations. The tea hostesses were Mrs. Wishart and Mrs. A. Millar. Pouring tea were Mrs. J. Cook, Mrs. M. B. Dean and Mrs. A. T. Gillespie (wives of the staff doctors). The tea servers were the Nurses Olive Knibbs, O.

Cunningham, Cliff and Duncan. Welcoming the guests were Mrs. J. Drynan and Miss Jane Hogarth. The afternoon programme, under the direction of Mrs. F. W. Edwards, consisting of music and songs, was delightful and very much enjoyed. The home produce table was in charge of Mrs. H. Marston and the Misses T. Gerry and B. Montpetit. The proceeds, which amounted to $60.00, will be used for the Isabel Johnson Memorial Fund.

The graduation exercises of the McKellar General Hospital, Fort William, Ont., were held in the Auditorium of the City Hall on Thursday evening, May 28th, 1925. The hall was filled to capacity by a very interested audience and Dr. V. B. Dowler addressed the graduating class in a very fine speech, permeated with a subtle and delightful humor which delighted the nurses, but striking a more serious note when he reminded them of the more important distinguishing marks of their profession, pleading strongly for the upholding of the great traditions of the disciples of Florence Nightingale. Presentation of diplomas was made by Mr. W. R. Coslett, president of the Board of Managers and Trustees, and that of the gold and silver medals by Dr. A. T. Gillespie. The gold medalist of the year is Miss Signe Carolina Berglund, of Omaha, Nebraska. Others receiving their diplomas were: Misses Barbara A. McQuarrie, Orangedale, N.S.; Agnes Baillie and Gladys Austin, Port Arthur, Ont.; Clara J. Elwash and Mary Duncan, Fort William, Ont.; Margaret Reid, Gowganda, Ont.; Viva E. Tate, Kemptville, Ont.; and V. Jeanne G. Michand, Edmundston, N.B. A special prize given by Miss P. Morrison, superintendent, and Miss Belle, assistant superintendent, for intermediate class work, including general proficiency, was won by Miss Ruby McClaren, and a prize for charting by Miss Mae Moody.

An extremely pleasant programme of vocal and musical numbers was given and the proceedings terminated with the usual delightful dance given to the members of the graduating class and their friends.

TORONTO

Grace Hospital A.A.

In honor of the graduating class of 1925, the Alumnae Association of Grace Hospital entertained at a delightfully arranged class dinner at the Prince George Hotel, May 22nd. About one hundred guests attended the dinner, which is to become an annual pre-graduation feature. The graduates were grouped according to their year and happy reminiscences of busy student days were the order of the evening. This stimulated an enthusiastic class spirit which added much to the success of the dinner.

Banquet menus of today were compared with those of 2,000 years ago by the chief speaker and guest, Dr. C. G. Harcum, Assistant Professor of the History of Industrial Art, University of Toronto. "The Art of Dining 2,000 Years Ago" was the title of her talk, which was humorous and enlightening. Balanced diets and food values were in vogue in those ancient days, although the now familiar calorie and vitamine were strangers.

The toast to the King was proposed by Mrs. John Gray, the chairman and president of the Alumnae. Mrs. W. H. Harris toasted the hospital, and Miss Rowan, superintendent of nurses, responded. To the seventeen members of the graduating class Miss Carrie de Vellan proposed a toast and Miss Cora M. Gilkinson responded. Mrs. C. J. Currie replied to the toast to the guests, proposed by Miss J. Goodman. A vote of thanks to Dr. Harcum, proposed by Miss E. Ogilvie, was seconded by Miss L. J. Dyer. Miss A. S. Perry was convener of arrangements.

Mrs. Radford and Miss Sherman were recent graduates of the post-graduate course in Public Health at Toronto University, June, 1925.

Miss C. Lawrence is in charge of Red Cross Outpost at Lion's Head.

Miss Annie L. Nelson is at Red Cross Outpost on St. Joseph's Island.

Miss Elinor Cummings is at Red Cross Hospital in the Rainy River District.

Miss Florence Emory is Assistant Director, Department of Public Health Nursing, University of Toronto.

Miss Jessie Goodman is organizer of Home Nursing Classes for the Toronto Branch of the Canadian Red Cross Society.

St. John's Hospital Training School

The tenth annual graduation exercises of the St. John's Hospital Training School for Nurses were held on Thursday afternoon, June 4th. The presentation of diplomas and pins, by the hospital chaplain, the Rev. Mr. Colthurst, took place in the flower-bedecked chapel during a most impressive service. The first to be presented was Miss Marcia Calkin, of Wolfville, N.S., who through illness last year was unable to attend her graduation. Other graduates are: Misses Alice Burford, Alice Cochrane, Thelma Donald, Mary Costigan, Mildred Johnston, Ethel Molyneux, Toronto; Mary Hammond, Eva Prentice, Shelbourne, Ont.; Pauline Holdway, London, England (for some years a resident in Australia); Eva Pearson, Kingston. Miss Mary Hammond was awarded the prize for general proficiency and Miss Eva Prentice gained the prize for highest marks in the Public Health Course. Following the service in the

chapel a garden party was held on the lawn. Numerous bouquets and baskets of flowers gave a very festive air to the happy occasion and music was provided by an orchestra. Many doctors and their wives were present, parents and friends of the graduating class, and former graduates of St. John's.

Toronto General Hospital

The regular annual business meeting of the Alumnae Association was held on Wednesday, June 3rd, in the Nurses' Residence, Miss Clara Brown in the chair. The annual reports of the various committees—visiting committee, social committee, treasurer, etc.—were read and adopted. The corresponding secretary, Miss Chute, read letters of thanks from members of the Alumnae who have received flowers during illness; also letters from Miss Gunn and Miss Jean Browne acknowledging flowers sent to them at the boat on which they sailed for Europe. The matter of a yearly magazine, which would contain a list of graduates, with addresses, was then discussed. After considerable discussion a motion was passed that the Alumnae publish such a magazine for at least two years; a copy to be sent to every graduate of the school. At the meeting in April a motion had been passed that the Alumnae grant a scholarship of $400 for a public health course or a course in supervision and administration at McGill University. The scholarship committee announced that several applications had been received in the interim and that the bursary had been awarded to Miss Ethel Fenwick (1918), who will take a year's post-graduate work at McGill University. The nominating committee then gave their report as to the officers of the Alumnae for the coming year. The officers are as follows:—President, Miss Clara Brown (re-elected); 1st Vice-President, Miss Alice Thompson; 2nd Vice-President, Miss Grisdale; Recording Secretary, Miss Gretta Ross (re-elected); Corresponding Secretary, Miss F. Veitch; Treasurers, Misses Cunningham and Fisher; Councillors—Misses McKinnon, Grant and Dorothy Wright. Following this report the meeting was adjourned and refreshments served.

Miss Pearl Brown, 1920, and Miss Edith Ferguson, 1920, are going abroad this summer with the Overseas Education League. The trip will include a visit to England, France, Italy and Holland.

Quite a number of Toronto General Hospital graduates purpose taking a trip abroad this summer. Miss Scadding and Miss King sailed at the end of June and Miss Kelsey expects to sail in July. Also it will interest many to know that Mrs. Cadenhead, who was so long on the staff, and Miss M. Brown, head of the outdoor department, sail for England this summer. Miss Anne Jackson (1921) has already left for England, where she will visit relatives, and expects to remain indefinitely.

Miss Fanny Loucks, 1914, is assistant superintendent at the Protestant Orphan's Home, Dovercourt Rd.

Miss Eileen White, 1925, has gone to Bigwin Inn, Muskoka, as nurse, for the summer months.

Miss Maude D. Coatsworth (1916) is relieving for two months in the Welfare Department of the T. Eaton Co., Ltd.

On Tuesday, June 2nd, the closing exercises of the course in Public Health Nursing, Toronto University, were held in the Household Science Building. In the absence of Miss Russell (who is abroad) Miss Emory read the annual report and spoke a few personal words to the graduating class. Canon Cody then delivered a masterly address to the class, leaving with them three great thoughts of the value of every individual; of the brotherhood of man; and of life as a stewardship. Seven graduates of the Toronto General Hospital received their diplomas: Misses Glazier, 1917; Helen Haley, 1921; Gladys Reid, 1923; Marjorie Robertson, 1923; Gladys Redman, 1923; Dorothy Percy, 1924; and M. Corrigan, 1924. Miss Dorothy Percy also gained the further honor of highest class standing. A very pleasant social gathering was held at the close of the exercises.

Women's College Hospital A.A.

The Alumnae Association of the Women's College Hospital gave a dinner at the Carls Ritz Hotel on Thursday evening, May 21st, in honor of the graduating class of 1925. The dinner was delightfully informal, and class prophecies caused great hilarity. Mrs. W. H. Bowman, honorary president, very graciously replied to "the Alma Mater" toast.

The Heather Club Chapter I.O.D.E. celebrated their sixteenth anniversary on May 29th, 1925, at the residence of Mrs. J. Browne. There was a large attendance. The color scheme was carried out in green and mauve, the birthday cake being decorated in the same colors. The sum of $100 was realized from a sale of home cooking and candy. The aim of the club is to aid in the prevention of tuberculosis in children from birth to sixteen years. The club distributed 3,000 quarts of milk in March and 4,000 quarts in April.

QUEBEC

MONTREAL

On May 19th the first public graduation of nurses was held at the Hotel Dieu Hospital, Montreal, when eleven students

received their diplomas and pins. The exercises were held in the new and spacious lecture hall in a part of the hospital recently added for the exclusive use of the nurses. The Rev. Father Perrin, parish priest of Notre Dame, presided at the ceremony, and besides the relatives and friends of the graduating class, among others present were the Mother Superior, Sister Beaupre, Directress of Nurses, several Sisters and members of the clergy. Excellent addresses were given by Father Perrin and Dr. Dube, of the University of Montreal, the latter making special reference to the new School of Public Health Nursing recently established by the University. Dr. Dube also emphasized the importance of nursing organizations, and hoped the nurses graduating would all become members of the Provincial Association of Registered Nurses.

Montreal General Hospital A.A.

Miss Helen Stewart, 1925, has taken a position in the Registration Office of the O.D. Department of M.G.H.

Miss Olive Mitchell, 1925, has accepted a position as second assistant night supervisor at M.G.H.

The sympathy of the members is extended to Miss Martin, 1921, in the loss of her father.

Miss Frances Alcombreck, 1920, has taken charge of the school infirmary at King's Hall, Compton, P.Q.

Misses Nina Brown and Bernice Willett, 1918, will spend the summer at Murray Bay in charge of the convalescent home.

Miss Jean Smith, 1923, who has been on the staff of the Children's Hospital, Boston, Mass., during the past year has returned to Montreal to do private nursing.

Misses F. M. Shaw, S. E. Young, and Isabel Davies sailed by the S.S. "Ascania" from Montreal, June 6th, en route for the International Congress of Nurses in Finland, in July. Misses Dorothy Hadrill and Agnes Jamieson sailed by S.S. "Athenia" June 19th, and Miss Lily N. Gray by S.S. "Leticia" from Montreal, July 3rd, also to attend the Congress. The three former sailed via Sweden and the three latter by the Kiel Canal.

Misses Martha Batson, 1921, Edythe Ward, 1923, and Edna Barnes, 1922, recently graduated from McGill School for Graduate Nurses, all with final first-class honors. Miss Barnes won the prize given by Dr. Helen R. Y. Read in the Public Health Section. Miss Ward received her certificate in the Supervisor Course, and Miss Batson in the Instructor in Schools of Nursing Course. Miss Batson has been appointed to the nursing staff of M.G.H. as instructor, the appointment to take effect at the beginning of the next term.

Forty-one nurses who had completed their three years' course at the Montreal General Hospital Training School for Nurses received their diplomas on June 6th, when the graduating exercises were held in the presence of a large company of friends of the graduates and of the institution. The number of graduates since the inception of the school in 1890, it was stated, has now reached 864.

Lieut.-Col. Herbert Molson, president of the board of management of the hospital, in the course of his address referred to the need felt for increased accommodation for the nursing staff. Plans had been prepared for a suitable building for a nurses' home, and the Provincial Government had promised a contribution of $200,000. An appeal would be made to friends of the institution to provide additional funds required, and it was hoped the building would be in course of construction within the year.

Colonel Molson also spoke of the steps being taken by McGill University to enlist the support of the Provincial Government for the post-graduate school for nurses. The advance in public health work throughout Canada showed the need of a more specialized training for nurses. In the year which had passed the work of co-ordinating the teaching in the central division and the western division (Western Hospital) had been successfully completed, and the president wished to thank all members of the staff for bringing this about, and particularly to express to Miss Young, Miss Craig and Dr. A. K. Haywood, general superintendent, the congratulations of the board on the successful completion of this work. In addition to the class graduating 14 other nurses, who had received their training at the Western Hospital, had been awarded diplomas the week previous.

Dr. E. M. Eberts gave the address to the graduating class, dwelling on the qualities of tact, sympathy, understanding, patience, gentleness, cheerfulness and discretion. With all these, a sense of humor was needed.

The prizes presented by the board of management for general proficiency were awarded to Miss Lucretia Eleanor Stewart, Winnipeg; Miss Mary Seabury Mathewson, Montreal, and Miss Frances Gladys Mitchell, Montreal. The Mildred Hope Forbes prize for highest aggregate marks during the three years went to Miss Mary Irene McQuade, of St. John, N.B., and Miss Mary Seabury Mathewson, who had also won the general proficiency prize.

Following is the list of the graduates:—Olive L. Alford, Tide Head, N.B.; Maud Alshorne, Rothesay, N.B.; Edith Marion Carten, Fredericton, N.B.; Grace Stuart Carter, Gaspe, Que.; Annie Elizabeth Cromwell, Cookshire, Que.; Margaret Grace Dobbie, Lachute, Que.: Olive Edgar, St. John's, Newfoundland; Grace E. Ewing, Rock Island, Que.; Anna Marie Feeney, Fredericton, N.B.; Jean Ogilvie Fowler, Fort Coulonge, Que.; Laura J. Giroux, Pembroke, Ont.; M. Evelyn Hamilton, Lachute Mills, Que.: A. Ruth Hamilton, Black Lands, N.B.; Blanche Gertrude Herman, Lunenburg, N.S.; Katherine Evelyn Horsfall, St. Lambert, Que.; Mary Gertrude Labelle, Montreal; Catherine Ladd, Chazy, N.Y.; Esther Eileen Lewis, Lachine; Isabel May Lunan, Sorel, Que.; Mary Seabury Mathewson, Montreal; Olive A. Mitchell, Montreal; Frances Gladys Mitchell, Montreal; Olive V. Mulligan, Kazubarua, P.Q.; Marion Edith MacLeod, Gould, P.Q.; Edith Alice Macquisten, Lachine; Isabel McConnell, Ballynahinch, Ireland; Jeanie McCulloch, Montreal; Mary Irene McQuade, St. John, N.B.; Lenore Elizabeth Nicol, Toronto; Phyllis A. Pennington, New Rockland, P.Q.; Margaret Allen Raeburn, Beebe, P.Q.; Winnifred Rae Shaver, Strathroy, Ont.; Margaret Shaw, Montreal; Gladys H. Smith, Westmount; Marion Hoffman-Smith, Sudbury, Ont.; Lucretia Eleanor Stewart, Winnipeg; Helen N. Stewart, Maxville, Ont.; Geraldine Roberta Stewart, Ottawa; Hattie Patterson Tanner, Ottawa; Doris Mae Camasho Veire, Duncan's, Jamaica, B.W.I.; Alice Beatrice Wilson, St. John, N.B.

The Montreal General Hospital Alumnae Association held their sixth annual dinner on June 6th in the ballroom of the Ritz Carlton Hotel. The table decorations were carried out in pink tulips and white lilac, pink and white being colors of the training school. The guests of honor included the 1925 graduating class, and seated at the head table, which was in U shape, were: Miss S. E. Young, Miss Frances L. Reed, Miss Gertrude Bennett, Miss F. M. Shaw, Miss H. Dunlop, Miss N. Tedford, Miss O. V. Lilly, Miss R. Spray, Miss Webster, and the graduating class. The other members of the Association present were seated at tables arranged for the respective classes, the company numbering about one hundred and eighty. Miss Bennett, superintendent of the Ottawa Civic Hospital Training School, addressed the graduating class, and the class prophecy was read by Miss M. Hoffman-Smith. Mr. Merlin Davies sang four songs, accompanied by Mr. Bryceson Treharne. During the dinner a presentation made made to Miss H. Dunlop, who has been secretary-treasurer of the Alumnae Sick Benefit Fund for a number of years. The evening made a happy ending to the class graduation day.

Royal Victoria Hospital A.A.

Miss Henrietta Binning, 1921, who has been on the staff since her graduation, was the guest of honor at a Bridge given by the head nurses. Miss Binning was presented with a leather travelling clock. Her marriage to Dr. David Caldwell, formerly of R.V.H., will take place early this month.

Miss Doris Weir, 1920; Miss Olive Zinck, 1924, and Miss Constance Brewster, 1924, have successfully passed the examinations at the School for Graduate Nurses, McGill University. Miss Weir gained the Public Health Course certificate and Miss Zinck that in the course for instructors. On account of previous university work, Miss Brewster obtained in one year the diploma of the school usually granted for a two years' course.

Miss Norma MacFarlane 1921, has sailed for London, England, where her marriage to Dr. Young, formerly of the R.V.H., will take place.

R.V.H. nurses attending the International Congress of Nurses at Helsingfors, Finland, include the Misses Hersey, Ross, Darville, Rogers, Byfield, Widder, Martin and Mrs. Tooke.

Miss E. Willoughby has resigned her position as superintendent of the Children's Memorial Hospital, Montreal, and intends taking an extended holiday.

The marriage of N/S Lydia May Achison to Mr. Haviland Routh took place quietly May 7th at Trinity Memorial Church, Montreal, the Rev. Canon Almond officiating. After the ceremony Mr. and Mrs. Routh left for a motor trip and on their return will reside in Montreal.

The following Canadian nurses will attend the Congress, International Council of Nurses, in Helsingfors, Finland July 19th-25th:—Misses F. M. Shaw, M. A. Samuel, M. F. Hersey, S. E. Young, Margaret Moag, C. Ferguson, Agnes Jamieson, Grace Martin, Anita Ross, Mabel Darville, Daisy Campbell, C. H. Murray, Dorothy Hadrill, B. Widder, I. Davis and Mrs. Bertha Tooke, of Montreal; Misses E. Armour and H. Mackay, of Quebec; Misses Jean E. Brown, Jean I. Gunn, B. Ellis, K. Russell, G. Gastrell, Ruby Hamilton, Margaret Kelman C. McKinnon, A. McKinnon, I. McAfee, Edith Campbell, H. E. Smith, J. Goodman, Mrs. H. M. Bowman, and Mrs. J. Ahn, of Toronto; Misses Martha Fortune and Mabel Howie, of St. Catharines, Ont.; Mrs. M. A. Young, Misses Inrig and Mabel Brechin, of Hamilton, Ont.; Miss Grace Fairley, of London,

Ont.; Miss L. N. Gray, of Renfrew, Ont.; Miss H. Rogers, of Ottawa, Ont.; Miss Bessie Hamilton, of Brockville, Ont.; Misses M. Murdoch, Ella Addy, F. Coleman, and Belding, St. John, N.B.; Misses Murphy and M. Kirkpatrick, St. Stephen, N.B.; Miss C. Macleod, Brandon, Man.; Mrs. K. Manson, Edmonton, Alta.; Miss Edna Auger, Medicine Hat, Alta.; Miss Ada Byfield, Springfield, N.J., U.S.A.; Miss Jean Malcolm, New York, N.Y., U.S.A.; Miss E. L. Smellie, Ottawa, Ont.

REFRESHER COURSE

The opening of the doors of the University of Alberta to the graduate nurse in the Refresher Course of May 26-29th, marks an epoch in the history of nursing in Alberta the significance of which we cannot fail to emphasize.

Lectures of a most instructive and inspiring nature were given in the Medical Building of the University, with an average attendance of about fifty. A general expression of appreciation and satisfaction was heard from those who attended.

Grateful thanks are due to Miss McCammon, Miss McPhedran, and to the members of the University for giving their time so generously and for contributing to the success of this course.

The nurses of the province are looking forward to a similar course at the University next year.

The following programme was carried out: Private Duty Nursing (2), Miss Guernsey and Miss Cooper; Pre-Natal Care (1), and a demonstration—(Obstetric Care in the Home), Miss Walsh; History of Nursing (2), Miss M. Black; Out-Patient Department—Its Value to the Public and in the Education of the Nurse (1), Miss Gould, followed by an excursion to the Out-Patient Department, University of Alberta Hospital; Diet in Disease (1). Professor Jamieson; The Practical Use of Insulin, and Diet in the Treatment of Diabetes Mellitus (2), with demonstrations in the laboratory, Professor Jamieson and Miss Malone; Psychology (3), Professor McEachran; Present Day Education of the Nurse and the Value of the University to the Graduate Nurse (1), Professor Pope; Talks on Books (1), Mr. D. E. Cameron, with Book Exhibit; A demonstration in surgical procedures by Miss M. Black; An excursion to the Royal Alexandra Hospital with demonstration in medical nursing by Miss Munroe; A visit to the Exhibit Public Health Department, University of Alberta.

The course finished on Friday with a dinner in the lounge, Athabasca Hall, followed by a round table discussion led by Miss McPhedran.

BIRTHS

BRADT—On New Year's Day, 1925, at the General and Marine Hospital, St. Catharine's, Ont., to Mr. and Mrs. Leo Bradt (Gertrude McGinnis, G. and M. Hospital, 1919), a daughter (Mary Margaret).

BOYER—On May 15th, at The Wellesley Hospital, Toronto, to Dr. and Mrs. G. F. Boyer (Jean Anderson, Hospital for Sick Children, Toronto, 1914), twins, boy and girl (Michael and Joan).

BABCOCK—On May 22nd, at the Cottage Hospital, Toronto, to Mr. and Mrs. Babcock (Elsie Smith, Hospital for Sick Children, Toronto, 1921), a daughter.

LEITCH—At the Private Patients Pavilion, Toronto General Hospital, to Mr. and Mrs. Leitch (Catherine Cameron, Hospital for Sick Children, Toronto, 1917), a daughter.

SLOAN—In December, 1924, at Saskatoon, Sask., to Mr. and Mrs. N. Sloan (M. Donnelly, Orillia General Hospital, 1916), a son.

VAN GORDER—On January 30th, at the Peking Union Medical College Hospital, Peking, China, to Dr and Mrs. George W. Van Gorder (Helen Goforth, T.G.H., 1918), a daughter (Elizabeth Rosalind).

WATSON—On April 29th, 1925, at the Royal Columbian Hospital, New Westminster, B.C., to Mr. and Mrs. Murray Watson (Jean Taylor, R.C.H., 1922), a daughter (Dorothy Margaret).

FLEISCHER—On May 11th, to Mr. and Mrs. A. C. Fleischer (Vera Bongard, Toronto General Hospital, 1923), a son (Howard).

SHAW—On May 20th, in the Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. John A. Shaw (Jessie Anderson, T.G.H., 1921), a daughter.

MARRIAGES

WYLIE—HAWTHORNE—In April, 1925, at Vasey, Ont., M. Hawthorne (Orillia General Hospital, 1916) to Thomas Wylie, of Vasey.

MASSINGBAD—THOMPSON—In May, Isabel Thompson (Toronto General Hospital, 1922), to Mr. Massingbad. Mr. and Mrs. Massingbad will live at 46 McEwen Ave., Windsor, Ont.

BARRY—KNOWDELL—On March 19th, in San Francisco, Cal., Myrtle Knowdell (Royal Columbian Hospital, New Westminster) to Lyle B. Barry, of New Westminster.

DOWNES—MILLER—On June 11th, 1925, at St. Michael's Church, Montreal, Alice Miller (Montreal General Hospital, 1916) daughter of Mr. and Mrs. A. E. Miller, of 244 Fairmount Ave., Montreal, to Frank Downes, New York City.

MacDONALD — LADD — On May 18th, 1925, at Chazy, N.Y., the home of the bride, Katherine Ladd (Montreal General Hospital, 1925) daughter of Mr. and Mrs. Emerson-Adams Ladd to John Kingsley MacDonald, son of the late Dr. John and Mrs. MacDonald, of Edmonton, Alta. Mr. John MacDonald is a fourth year student in medicine at McGill University, Montreal.

BLACK—MacMILLAN—On June 3rd, 1925, at the home of Mrs. V. C. Moulton (cousin of the bride), 5 Parkman Place, Westmount, P.Q., Martha Elizabeth McMillan (Montreal General Hospital, 1921) daughter of Mr. and Mrs. W. Arthur McMillan, Chesterville, Ont., to Byard Black, Hallville, Ont.

LEVERMAN—KONIG—On May 29th, 1925, at Halifax, N.S., Mildred Eugenie Konig (Royal Victoria Hospital, Montreal, 1923) to Gerald Allen Leverman. At home 25 Yorke St., Halifax.

HEUTHER—LAURENCE—On May 14th, 1925, at Toronto, Gladys Laurence (H.S.C. Toronto, 1915) to Dr. Heuther, of the Shriners' Hospital, Salt Lake City, U.S.A.

ROUTH—ACHESON—On May 7th, at Trinity Memorial Church, Montreal, N/S Lydia May Acheson to Haviland Routh, the Rev. Canon Almond officiating. Mr. and Mrs. Routh will reside in Montreal.

FARRELL—JOHNSTON—On May 20th, 1925, at Toronto, Anna Isobel Johnston (Women's College Hospital, Toronto) to Dr. Harold Farrell. Dr. and Mrs. Farrell will reside in Toronto.

HALL—WILSON—On May 21st, 1925, in Toronto, Marjorie Wilson (Grace Hospital) to Harold Hall of Toronto.

DEATHS

WARRENDER—Suddenly, at Shaughnessy Hospital, Vancouver, on June 3rd, 1925, Jean, eldest daughter of Mr. and Mrs. James Warrender, 726-4th St., New Westminster, B.C.

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Regular Monthly Meeting—The first Saturday in each month, at 3.30 p.m.

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Regular Meeting—First Monday, 8.30 p.m.

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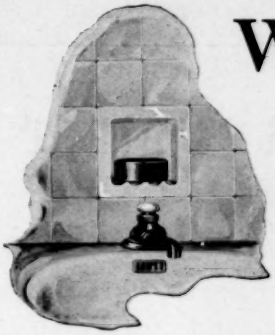

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